



MINUTES OF THE BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Sachi A. Hamai, Executive Officer  
Clerk of the Board of Supervisors  
383 Kenneth Hahn Hall of Administration  
Los Angeles, California 90012

At the Special Meeting held May 10, 2006, the Board took the following action:

1

The Board received and filed and took under advisement requests and statements relating to the 2006-07 Proposed County Budget as follows:

1. Statement of Carol Dorbacopoulos on behalf of the National Alliance for Mental Illness, requesting increased funding for the Department of Mental Health to maintain important programs and services.
2. Statement of James Randall on behalf of the National Alliance for Mental Illness, requesting a significant increase in funding allocated to the Department of Mental Health.
3. Statement of Sheriff Leroy D. Baca, regarding the Sheriff's Department's Fiscal Year 2006-07 proposed budget; Fiscal Year 2006-07 priority funding requests (non-funded); Inmate Welfare Fund; Patrol Station Radio Car Deputy Equity Policy; and the Sheriff's authority to determine expenditure of budget allotment and manner in which personnel are assigned, as further detailed in the attached document dated May 10, 2006 (Also see 1.1 and 1.2 beginning on Page 5).
4. Statement of Marcia Mayeda, Director of Animal Care and Control, regarding the critical need to have more officers in the field to respond to dangerous and stray dogs; to increase the salary levels to attract and retain qualified veterinarians; additional staff to answer telephone calls in the centralized call center; as well as other issues, as further detailed in her attached letter dated May 10, 2006.

(Continued on Page 2)

1 through 1.8 (Continued)

1 (Continued)

5. Statement of Bruce Saltzer, Executive Director, Association of Community Human Services Agencies (ACHSA), regarding the proposed \$48 million deficit in the Department of Mental Health's budget and requesting that the Board include in the Department's budget a projected role of realignment funding; and accept the Department's proposals relating to the reassignment of 133 staff for alternative funded items; the movement of uninsured clients on to Medi-Cal; the reduction in medication costs for the uninsured through the placement of more clients on Medi-Cal; and a request for the County to contribute \$18.5 million for mental health services.
6. Statement of Dr. Susan Mandel, President and Chief Executive Officer of Pacific Clinics, expressing the following concerns about the viability of community agencies as working as partners in the delivery of mental health services, as further detailed in her attached letter dated May 10, 2006:
  - a) Significant lack of funding for uninsured clients/families
  - b) The increasing reliance upon Medicaid funding to balance Community-based Organizations budgets and the associated risks; and
  - c) The workforce crisis
7. Statement of Dr. Kita Curry, Past President of the Association of Community Human Services Agencies and President of Didi Hirsh Community Mental Health Center, requesting increased funding for mental health services.

Dr. Marvin Southard, Director of Mental Health, was called up to answer various questions posed by the Board relating to the impact of the Mental Health Services Act on mental health providers; the implementation of mental health services work plans; the projected deficit for Fiscal Year 2006-07; and ways to mitigate cuts and keep services going.

8. Statement of Lilian Corral, a representative of Local 660 SEIU, regarding the Department of Mental Health's \$48 million structural deficit and the impact to other County services if cuts are made.

(Continued on Page 3)

1 through 1.8 (Continued)

1 (Continued)

9. Statement of Carol Levinger, an employee of the Department of Mental Health and a representative of Local 660 SEIU, on how the proposed cuts to the mental health budget would increase services provided to inmates in the County jail.
10. Statement of Robert Gilkey, President, Quality Assurance Board for Pacific Clinics, regarding the creation of a Universal Transportation Voucher; Proposition 63; affordable long-term housing; and wellness centers for recipients of mental health services.
11. Statement of Stella March, representing the National Alliance on Mental Health (NAMI) regarding the need to transform and change the mental health system; the costs of providing services to emotionally disturbed children; and the \$34 million owed to the Department of Mental Health by the State, as further detailed in her written testimony dated May 10, 2006.
12. Statement of Kimberly Boyce, President-Elect, Quality Assurance Board for Pacific Clinics, regarding her experiences as a recipient of mental health services; Proposition 63; and additional funding for Pacific Clinics.
13. Statement of Luis Garcia, representing Latino Mental Health Council (LATCO), regarding the importance of having access to mental health services; and the suicide rate for children and adolescents.
14. Statement of Jury Candelario, Canossa Chan, Lawrence Lue, Veronica Geronimo, Emy Singson and Mariko Kahn, representing the Asian-Pacific Policy and Planning Council, regarding various critical issues affecting the Asian Pacific Islander population as follows and as further detailed in their attached documents:
  - a) Older Adult Population;
  - b) Family Preservation/Support
  - c) Cultural and Linguistic Services; and
  - d) Reimbursement from the Department of Children and Family Services for time spent traveling to clients receiving family preservation services

(Continued on Page 4)

1 through 1.8 (Continued)

1 (Continued)

15. Statement of Gordon Stefenhagen, Chair of the Los Angeles County Library Commission, thanking the Board for their continued support of the County Libraries.
16. Statement of Bart Diener, Assistant General Manager of Local 660 SEIU, commending the Board for their leadership in bringing the County into a strong financial condition; and requesting the Board to make an investment in the County's workforce by increasing salaries to retain and attract qualified employees.
17. Statement of Kim Peters, an employee of the County Library System and Local 660 SEIU member, regarding the inability to recruit qualified staff due to uncompetitive salaries and benefits; and the creation of full-time permanent aid positions to provide improved services to our communities.
18. Statement of Faustino Escovel, a Custody Records Clerk and Local 660 SEIU member, requesting salary increases for clerical classifications throughout the County, as further detailed in his attached written testimony.
19. Statement of Jennie Yang who read into the record the attached written statement on behalf of Joe Salcido, a Respiratory Care Practitioner at LAC+USC's Women's and Children's Hospital and Local 660 SEIU member, regarding the impact on services due to low salary levels for Respiratory Care workers.
20. Statement of Suzan Pour-Sane, Local 660, regarding the Federal Deficit Reduction Act of 2006 passed by Congress and the impact that the Act will have on the Department of Public Social Services as a result of this legislation.
21. Statement of Lonnie Woods, an employee of the Department of Children and Family Services and Local 660 SEIU member, requesting the allocation of resources to the Department to recruit and retain staff.

(Continued on Page 5)



1 through 1.8 (Continued)

1 (Continued)

22. Statement Charles Adams, an employee of the Department of Internal Services and Local 660 Union Member, regarding contracting out of custodial services.
23. Statement of Debra Ward, Deputy Director of the Community Clinic Association, regarding the success of the Los Angeles County Public/Private Partnership Program and urging the Board to approve the recommended Budget increase to the Department of Health Services for the Program.
24. Statement of DeBra "Angel" Folks, regarding her experiences as a mental health recipient and requesting that the Board continue to support the various Mental Health Programs.
25. Statement of Miki Jackson, regarding AIDS/HIV funding.

Following public testimony, the Board took additional actions as indicated below:

1.1

Supervisor Antonovich made the following statement:

"On March 1, 2005, the Board approved my motion requesting the Sheriff's Department to provide advance notice of any increases to contracts and make every effort to prioritize the filling of sworn positions in the custody and unincorporated patrols for one year after which the Board would assess the progress made and the need for continuing said notifications.

"These notifications are valuable to the Board in staying abreast of any modifications to law enforcement contracts. It is equally important to receive notification when the Sheriff's Department is approached by another entity seeking a proposal for Sheriff's services."

Therefore, on motion of Supervisor Antonovich and by common consent, there being no objection, the Sheriff was requested to continue providing notifications to the Board of any increases to existing contracts as well as any requests for new contracts until such time that the current vacancies are filled.

(Continued on Page 6)

1 through 1.8 (Continued)

1.2

Supervisor Molina made the following statement:

“Sheriff Baca has explained his Patrol Equity Plan to the Board. His plan’s intent is to spread vacancies more equitably in patrol between contracts with cities, unincorporated patrol and other station-level functions. The plan’s intent is to ensure that contracts are not given priority over unincorporated patrol.”

Therefore on motion of Supervisor Molina, seconded by Supervisor Antonovich, unanimously carried, the Board requested the Chief Administrative Officer, in collaboration with the Sheriff, to provide the Board with monthly reports on the implementation of the Sheriff’s Patrol Equity Plan, which should include updates on the contract and unincorporated responsibilities by station, how vacancies are being distributed, and recommendations, if any, to improve the Equity Plan; and provide a report to the Board, upon the graduation of each academy class, which delineates the total number of graduates and the movement of sworn personnel, beginning with the two latest academy graduations.

1.3

The following statement was entered into the record for Supervisors Burke and Molina:

“The Department of Mental Health (DMH) has had difficulty in avoiding reliance on one-time funding. Next year will be no different, and DMH will continue to experience budget fluctuations regardless of the infusion of the Mental Health Services dollars - unless the root causes of the problems are addressed. In keeping with Supervisor Molina’s April 18, 2006 motion, we must develop strategies to address the structural deficiencies - in particular, focus on the State and Federal mandated programs of Healthy Families and EPSDT.

“Healthy Families (HF) Health Plan provides low cost insurance to children zero to nineteen who do not qualify for Medi-Cal. Under the plan, DMH provides mental health services for severely emotionally disturbed children through its existing network of Short-Doyle/Medi-Cal directly operated and contracted providers. EPSDT is a mandated component of the California Medi-Cal program that provides physical and mental health services to full-scope Medi-Cal beneficiaries under age 21 that include therapy; crisis counseling; case management; special day programs; medication; alcohol and drug treatment and Therapeutic Behavioral Services (TBS) to children and youth with severe emotional problems.

(Continued on Page 7)

1 through 1.8 (Continued)

1.3 (Continued)

“Local demands require Los Angeles County to further expand utilization of Healthy Families and EPSDT programs (e.g., court injunctions related to the Katie A. lawsuit, Specialized Foster Care Mental Health Initiative). A required County match of 35% and 5% share respectively for the programs’ growth with a projected growth of approximately \$1.6 million and \$1.5 million match dollars that will serve an additional 1,200 children for Healthy Families and another 5,000 children and young adults under age 21 under EPSDT. The department does not have unallocated dollars in FY 2006-07 and future years to use as match for further growth.”

Therefore on motion of Supervisor Burke, seconded by Supervisor Molina, unanimously carried, the Board instructed the Chief Administrative Officer to work in conjunction with the Director of Mental Health to develop strategies and report back to the Board prior to Budget Deliberations on recommendations to directly address the chronic structural deficit inherent to the Department of Mental Health; in particular examine avenues to manage EPSDT and Healthy Families match and growth.

1.4

Supervisor Molina made the following statement:

“In 2005, two audits were conducted to review the programmatic and management of the Probation Department. These audits found the Department deficient in strategic planning, performance measurement and organizational management, and other deficiencies. Currently, the Department is working with The Resources Company to implement the audit recommendations.”

Therefore on motion of Supervisor Molina, seconded by Supervisor Burke, unanimously carried (Supervisor Antonovich being absent), the Board instructed the Chief Probation Officer along with the Chief Administrative Officer and Auditor-Controller, to provide the Board with quarterly updates on the following: the implementation of the management and programming audits; the reorganization of the Department; the Department’s plans to institutionalize change in the Department (formalized investigations of staff; implementation of corrective actions; training of new and existing staff).

(Continued on Page 8)

1 through 1.8 (Continued)

1.5

The following statement was entered into the record for Supervisors Yaroslavsky and Burke:

“Since its enactment on August 18, 1990, Title I of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act has provided funding for life-saving HIV/AIDS primary care and treatment services. For the past 15 years, Title I grant awards have been the cornerstone of HIV/AIDS treatment for people living with HIV/AIDS in Los Angeles County, particularly to those who can least afford it.

“Unfortunately, in its 16<sup>th</sup> year of funding, Federal support for Title I funds have significantly declined, and for the first time since 2000, the total national investment has dropped below \$580 million. For Los Angeles County, the Title I award for Year 16 was reduced by \$1.9 million, a 5.3% reduction from the Year 15 amount of \$36.8 million. This latest cut follows a reduction of \$400,000 to the County’s HIV prevention funding from the Centers for Disease Control and Prevention (CDC). These funding reductions come at a time when an estimated 1,800 new HIV infections will occur in Los Angeles County each year. The majority of these new infections are occurring in communities of color.”

Therefore, Supervisor Yaroslavsky made a motion that the Board instruct the Chief Administrative Officer and the Director of Health Services, Office of AIDS Program and Policy, to identify necessary funds to sustain current levels of HIV/AIDS prevention and treatment services and report to the Board during the June 2006 Budget Deliberations.

After additional discussion, the following statement was entered into the record for Supervisors Knabe and Molina:

“The concerns raised by Supervisors Yaroslavsky’s and Burke’s motion are absolutely right. The proposed funding reductions come at a time when an estimated 1,800 new HIV infections will occur in Los Angeles County each year. The motion is correct that the majority of these new infections are occurring in communities of color. But the motion does not go far enough to overcome the harm that the Office of AIDS Program and Policy’s (OAPP) recent actions will have on the very communities we wish to protect.

(Continued on Page 9)

1 through 1.8 (Continued)

1.5 (Continued)

“While we are in agreement with the motion that OAPP should report to the Board during the June 2006 Budget Deliberations, the information may not come in time. Agencies have already been instructed by OAPP to implement the cuts. Community providers are being asked to cut services and dismiss specially trained employees specializing in preventing and treating the spread of HIV/AIDS.

“It does not make sense to require agencies to begin cuts and dismiss key personnel only to restore the funds after the June 2006 Budget Deliberations.”

Therefore, Supervisors Knabe and Molina offered an amendment to Supervisors Yaroslavsky's and Burke's motion that the Board instruct the Director of Public Health to withhold requesting providers to cut services until the Board has received and reviewed the Office of AIDS Programs and Policy's report identifying how they intend to sustain current levels of HIV/AIDS prevention and treatment services. Supervisors Yaroslavsky and Burke accepted the amendment.

After discussion, on motion of Supervisor Yaroslavsky, seconded by Supervisor Burke, unanimously carried (Supervisor Antonovich being absent), the Board took the following actions:

1. Instructed the Chief Administrative Officer and the Director of Health Services, Office of AIDS Program and Policy to identify necessary funds to sustain current levels of HIV/AIDS prevention and treatment services and report to the Board during the June 2006 Budget Deliberations; and
2. Instructed the Director of Public Health to withhold requesting providers to cut services until the Board has received and reviewed the Office of AIDS Programs and Policy's report identifying how they intend to sustain current levels of HIV/AIDS prevention and treatment services.

In addition, Supervisor Molina requested the Chief Administrative Officer to provide the Board a list of all Federal cuts, not just proposed cuts, prior to implementation of any cuts by the County.

(Continued on Page 10)

1 through 1.8 (Continued)

1.6

The following statement was entered into the record for Supervisors Burke and Yaroslavsky:

“The In Home Support Services (IHSS) Program provides critical care and valuable support to some of the most vulnerable members of our society. In fact, many aged, blind and disabled individuals enrolled in this program require daily assistance from their IHSS providers --- without whom they would not be able to perform basic but essential functions of everyday life. Unfortunately, as reported by the Personal Assistance Services Council (PASC), when IHSS providers cannot report for work, their clients are left with no one to assist them.

“Since many IHSS participants rely heavily on their providers, it is essential that we create a Backup Attendant Program to fill any gaps in service that may occur on short notice when primary IHSS providers are not able to work. For the past year, the PASC has been researching model programs in other California counties and have determined that our constituents could benefit from such a program.”

Therefore, on motion of Supervisor Burke, seconded by Supervisor Yaroslavsky, unanimously carried (Supervisor Antonovich being absent), the Board took the following actions:

1. Instructed the Chief Administrative Officer to work with the Personal Assistance Services Council (PASC) and report back to the Board on the development of a Backup Attendant Program for the IHSS Program and on the identification of \$1,000,000 in total program funds (including state and federal matching funds) to implement the Program;
2. Instructed the Chief Administrative Officer and Director of Public Social Services to work with the PASC and the State Department of Social Services to identify solutions to any information technology system issues or modifications that may be necessary to implement the IHSS Backup Attendant Program; and
3. Instructed the Chief Administrative Officer and Director of Public Social Services to jointly report back to the Board with an implementation plan for the creation and funding of the IHSS Backup Attendant Program, along with any findings and recommendations, prior to the commencement of Budget Deliberations.

(Continued on Page 11)

1 through 1.8 (Continued)

1.7

The following statement was entered into the record for Supervisors Burke and Knabe:

“The Chief Administrative Officer has recommended in the 2006-2007 Proposed Budget the addition of 36 officers to the Health Services, Parks Services, and Facilities Services Bureaus within the Office of Public Safety (“OPS”). These additional officers will provide essential services to members of the public and County employees who utilize and work at these facilities. However, the addition of these 36 officers will raise the total number of vacancies to 116 positions.

“Throughout the County and the State of California, many jurisdictions are aggressively hiring law enforcement officers to complement their existing cadre. As a result, recruitment for candidates in various law enforcement positions has become competitive and increasingly difficult. In order to fill these vacant positions, the OPS must not only develop a strategic hiring plan with measurable goals, but also have the staff necessary to implement these plans.

“The Recruitment Unit and the Background Investigations Unit of the OPS is currently staffed with five officers. In order to meet the Board directive to fill all 116 officer vacancies, the OPS is requesting five additional sworn personnel and two clerks to be added to these Units. In addition, \$276,000 is being requested for office supplies, advertising, job fair fees, and vehicles.”

Therefore, on motion of Supervisor Burke, seconded by Supervisor Knabe, unanimously carried (Supervisor Antonovich being absent), the Board took the following action:

1. Instructed the Chief Administrative Officer to report back to the Board with an analysis of any additional funding for the Office of Public Safety’s Recruitment and Background Investigations Unit, including best the practices for filling vacancies in conjunction with Director of Personnel; and
2. Directed the Chief of the Office of Public Safety and the Director of Personnel to develop a recruitment strategic plan with measurable goals prior to the commencement of Budget Deliberations, and to report quarterly to the Board with the status of its recruitment efforts and expenditures.

(Continued on Page 12)

## 1 through 1.8 (Continued)

### 1.8

On motion of Supervisor Yaroslavsky, seconded by Supervisor Burke, unanimously carried (Supervisor Antonovich being absent), the Board took the following actions:

1. Received and filed and took under advisement various supplemental budget requests and comments made during the public budget hearings which commenced on May 10, 2006;
2. Made a finding that a notice of public budget hearings was given in accordance with Section 29080 of the Government Code, that said hearings commenced on the 10th day of May 2006 pursuant to said notice and as required by Section 29081 of the Government Code;
3. Closed the public budget hearings for purposes of oral testimony, finding that there are no persons who have not been given the opportunity to be heard; but to allow maximum public input, permit additional written testimony and requests to be filed through the close of business, Friday, May 19, 2006;
4. Reconfirmed that Budget Deliberations will begin on Monday, June 26, 2006 at 9:30 a.m.

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### Attachments (7)

c: Each Supervisor  
Each Supervisor's Budget Deputy  
Sheriff  
Auditor-Controller  
Chief Administrative Officer  
Chief, Office of Public Safety  
Chief Probation Officer  
County Counsel  
County Librarian  
Director of Animal Care and Control  
Director of Children and Family Services  
Director of Health Services  
Director of Personnel  
Director of Public Health  
Director of Internal Services  
Director of Mental Health  
Director of Public Social Services





**LOS ANGELES COUNTY SHERIFF'S DEPARTMENT**

## **Public Budget Hearings**

Fiscal Year 2006-2007

May 10, 2006

**TABLE OF CONTENTS**  
**- 2006/2007 PRIORITY FUNDING REQUESTS-**  
**FUNDED AND NON-FUNDED**

	<b>PROPOSED ITEMS/ISSUES</b>	<b>AMOUNT</b>
<b>I</b>	<b>FY 2006/2007 PROPOSED BUDGET</b>	
	Program Increases Funding (Net County Cost) - 338 Budgeted Positions	\$83,632,000
	Designated Fund Balance	\$142,498,000
<b>II</b>	<b>FY 2006/2007 PRIORITY FUNDING REQUESTS - NON-FUNDED</b>	
A	Custody Master Plan Administration Staffing	\$304,000
B	Office of Homeland Security - Aero Bureau - Aircraft Maintenance (Eurocopter)	\$1,555,000
C	Detective Division - Homicide Bureau - Request for Additional Investigators	\$2,145,000
D	Technical Services Division - Data Systems Bureau - SDN Infrastructure Replacement Program	\$1,200,000
E	Field Operations Region I - Palmdale Station Staffing Request	\$2,109,000
F	Executive Division - Employee Support Services Bureau - Restoration of Staffing Proposal	\$1,318,000
G	Field Operations Region III - San Dimas LET Staffing Request (Phase I)	\$615,000
H	Office of Homeland Security - Supplemental Staff for TEW	\$656,000
I	Office of Homeland Security - Regional Community Policing Institute (RCPI)	\$517,000
	<b>TOTAL NON-FUNDED</b>	<b>\$10,419,000</b>
<b>III</b>	<b>INMATE WELFARE FUND</b>	
<b>IV</b>	<b>PATROL STATION RADIO CAR DEPUTY EQUITY POLICY</b>	
<b>V</b>	<b>SHERIFF'S AUTHORITY TO DETERMINE EXPENDITURE OF BUDGET ALLOTMENT AND MANNER IN WHICH PERSONNEL ARE ASSIGNED</b>	



**SHERIFF'S DEPARTMENT  
2006-2007 Proposed Budget**

<b>REQUESTS FUNDED BY BOS:</b>	<b>Program Increases Funding (Net County Cost)</b>	<b>Designated Fund Balance</b>	<b>Budgeted Positions</b>
Program Changes:			
Twin Towers - Phase I	\$ 6,188,000		-
Twin Towers - Phase II	25,250,000		60.0
CRDF - Females	9,151,000		-
Medical Services	10,000,000		154.0
Utilities	5,944,000		
Fuel	3,000,000		
Crime Lab	2,705,000		40.0
Refurbish Helicopters	2,200,000		
Consolidated Fire/Sheriff Comm Sys	2,233,000		10.0
L.A. Regional Tactical Comm Sys	761,000		6.0
Recruitment (Lieutenant)	140,000		1.0
Subtotal	<u>\$ 67,572,000</u>	<u>\$ -</u>	<u>271.0</u>
Revenue Offset Program Changes <sup>(1)</sup> :	<u>\$ -</u>	<u>\$ -</u>	<u>67.0</u>
Other Changes <sup>(2)</sup> :	<u>16,060,000</u>		
Designated Funds:			
Security Enhancements		25,000,000	
Unincorporated Patrol		27,454,000	
Interop & Co Wide Communications		90,044,000	
<b>Totals</b>	<u><b>\$ 83,632,000</b></u>	<u><b>\$ 142,498,000</b></u>	<u><b>338.0</b></u>

<sup>(1)</sup> Contract Cities and other workload adjustments

<sup>(2)</sup> Board-approved Salaries & Employee Benefits increases





**SHERIFF'S DEPARTMENT  
2006-2007**

Priority Funding Requests  
(Not Funded in Proposed Budget)

<u>Priorities Not Funded</u>	<u>Funding Requested Amount</u>	<u>Budgeted Positions</u>
A Custody Master Plan Administration	\$ 304,000	2.0
B Aircraft Maintenance (Eurocopter Maintenance)	1,555,000	-
C Homicide Bureau - Request for Additional Investigators 1 Sergeant 10 Deputy Sheriff Bonus II	2,145,000	12.0
D Sheriff's Data Network Infrastructure Replacement Program	1,200,000	-
E Palmdale Station Staffing Request 1 Crime Analyst 6 Sheriff Station Clerk II 1 Senior Clerk 1 Operations Assistant II 6 Law Enforcement Technician	2,109,000	15.0
F Employee Support Services (Restoration of Staffing)	1,318,000	13.0
G San Dimas Station - Law Enforcement Technicians	615,000	10.0
H Terrorist Early Warning Group 1 Lieutenant 1 Sergeant 3 Bonus-1 Deputies	656,000	5.0
I Regional Community Policing Institute 1 Lieutenant 1 Sergeant 1 Operations Assistant III 1 Video Production Specialist 1 Secretary III	517,000	5.0
<b>Total Priorities Not Funded</b>	<b>\$ 10,419,000</b>	<b>62.0</b>





# Priority Funding Requests



## Correctional Services Division Master Plan Administration

This proposal would provide the central management oversight necessary for the Correctional Services Master Plan implementation. (1 Lieutenant, 1 Sergeant)

Staffing Category	Positions	S&EB
Sworn Staff		
Lieutenant	1	\$161,000
Sergeant	1	\$135,000
Total Sworn Staff	2	\$296,000
<b>TOTAL</b>	<b>2</b>	<b>\$296,000</b>

Other Costs Category	Amount
On-Going Services & Supplies	
Staff Support	\$4,000
One-Time Services & Supplies	
Staff Supplies & Support	\$4,000
<b>TOTAL</b>	<b>\$8,000</b>

Category Totals	Cost
Staffing	\$296,000
Other Costs	\$8,000
<b>GRAND TOTAL</b>	<b>\$304,000</b>







## Priority Funding Requests



### **Office of Homeland Security Aero Bureau - Aircraft Maintenance, Repair and Equipment Procurement Program**

Funding of this program is necessary to enable Aero Bureau to meet the rising costs of service and supplies for existing aircraft support. The funds will be used to repair or replace airborne forward looking infrared cameras (FLIR), and purchase state-of-the-art searchlights, digital radio equipment, moving map software and hardware, and night vision goggles. Other rising expenses include aviation navigation equipment software updates, which are required to maintain current FAA requirements, navigation chart subscriptions, and professional periodicals and memberships. Rising operating expenses for the current fleet of aircraft are primarily driven by significant increases in fuel costs. Additionally, as the warranties have expired on the patrol helicopters, Department maintenance costs have risen. During the next few fiscal years, engine overhauls and additional reconditioning must be completed on the current fleet of aircraft. Once completed, the maintenance costs will level out.



## Priority Funding Requests



### Aircraft Maintenance, Repair and Equipment Procurement Program

Staffing Category	Positions	S&EB
Sworn Staff		
Total Sworn Staff	0	\$0
Professional Staff		
Total Professional Staff	0	\$0
<b>TOTAL</b>	<b>0</b>	<b>\$0</b>

Other Costs Category	Amount
One-Time Services & Supplies	
Total On-Going Services & Supplies	\$0
On-Going Services & Supplies	
Aircraft Maintenance (Eurocopter)	\$1,500,000
Computers, Printers & Support	\$8,000
Office Supplies	\$4,000
Tools & Maintenance (Other)	\$25,000
Police Supplies	\$4,000
Publications & Memberships	\$8,000
Freight	\$5,000
Cellular Phone Charges	\$1,000
Total On-Going Services & Supplies	\$1,555,000
Fixed Assets	\$0
<b>TOTAL</b>	<b>\$1,555,000</b>

Category Totals	Cost
Staffing	\$0
Other Costs	\$1,555,000
<b>GRAND TOTAL</b>	<b>\$1,555,000</b>





# Priority Funding Requests



## Detective Division - Homicide Bureau Additional Staffing Proposal

This request proposes funding for additional Homicide Investigators to increase the current service level, reduce the average caseload per investigator to a more reasonable level, and to increase the clearance rates. The current caseload of Sheriff's Homicide Investigators averages between twelve and fifteen homicides a year. These caseloads greatly exceed the national standard and are unsustainable. A recent National Institute of Justice study has established that homicide investigators are most effective when their caseload does not exceed eight investigations a year. The additional staffing will place two investigators on each existing homicide team, thereby reducing the average caseload per investigator. This will allow investigators to invest more time and resources into each case, resulting in more focused and assertive efforts toward solving homicides. (1 Sergeant and 10 Deputy Sheriff - Bonus II).

Staffing Category	Positions	S&EB
Sworn Staff		
Sergeant	2	\$270,000
Deputy Sheriff Bonus II	10	\$1,350,000
Total Sworn Staff	12	\$1,620,000
<b>TOTAL</b>	12	\$1,620,000

Other Costs Category	Amount
One-Time Services & Supplies	
Staff Support	\$24,000
On-Going Services & Supplies	
Staff Support	\$24,000
Vehicle Maintenance Contracts (1 Year)	\$40,000
Police Supplies & Equipment	\$41,000
Total On-Going Services & Supplies	\$81,000
Fixed Assets	
Vehicles, Unmarked Crown Victorias (12)*	\$396,000
<b>TOTAL</b>	\$525,000

Category Totals	Cost
Staffing	\$1,620,000
Other Costs	\$525,000
<b>GRAND TOTAL</b>	<b>\$2,145,000</b>

\*On-Going Funding, estimated at 25%, is also required for the maintenance and replacement of the fixed asset.

D





## Priority Funding Requests



### Technical Services Division - Data Systems Bureau Sheriff's Data Network (SDN) Infrastructure Replacement Program

Over the past several years, technological innovations have been introduced that have made our Department's core operations more efficient and effective. The forward progress in technology has made the Department critically dependent on network services. However, while network demands have continued to increase by 20% yearly, the Sheriff's Data Network (SDN) has been aging, which has resulted in slower network response times. Much of the SDN equipment has already reached "end-of-life" status, which means that all support from the manufacturer has ended. There is a critical need to fund this program. The SDN equipment should be replaced on a rotating, section-by-section basis that would allow for the complete replacement of the entire network infrastructure on a continual basis over the next five years.

Staffing Category		Positions	S&EB
Sworn Staff			
	Total Sworn Staff	0	\$0
Professional Staff			
	Total Professional Staff	0	\$0
TOTAL		0	\$0

Other Costs Category		Amount
One-Time Services & Supplies		
	Staff Support	\$0
On-Going Services & Supplies		
	Replace, Upgrade SDN	\$1,200,000
TOTAL		\$1,200,000

Category Totals		Cost
Staffing		\$0
Other Costs		\$1,200,000
GRAND TOTAL		\$1,200,000







## Priority Funding Requests



### Field Operations Region I - Palmdale Station

This funding is necessary to open Palmdale Station as a full service station.

Staffing Category	Positions	S&EB
Professional Staff		
Crime Analyst	1	\$78,000
Sheriff Station Clerk II	6	\$304,000
Senior Clerk	1	\$47,000
Operations Assistant II	1	\$68,000
Law Enforcement Technician	6	\$345,000
<b>TOTAL</b>	<b>15</b>	<b>\$842,000</b>

Other Costs Category	Amount
One-Time Services & Supplies	
Staff Support	\$108,000
On-Going Services & Supplies	
Staff Support	\$449,000
Fixed Assets	
Black & White Vehicles (14)*	\$636,000
Photocopiers (3)**	\$74,000
Total Fixed Assets	\$710,000
<b>TOTAL</b>	<b>\$1,267,000</b>

Category Totals	Cost
Staffing	\$842,000
Other Costs	\$1,267,000
<b>GRAND TOTAL</b>	<b>\$2,109,000</b>

\*On-Going Funding, estimated at 25%, is also required for the maintenance & replacement of the fixed asset.

\*\*On-Going Funding, estimated at 20%, is also required for the maintenance & replacement of the fixed asset.





# Priority Funding Requests



## **Executive Division - Employee Support Services Bureau Post-Curtailment Recovery Plan**

Department demand for the services of law enforcement psychologists is consistently increasing on a year-to-year basis. As the Department has grown, so have the requests for psychological counseling services by Department personnel and their families. Untreated mental health problems affecting Department personnel, often related to traumatic experiences on the job, result in increased personnel problems, both on and off duty, due to stress, alcohol, and/or interpersonal difficulties. In turn, these problems result in losses in productivity, increased worker's compensation costs, increased personnel complaints, increased risk management interventions, and concomitant mental health problems within the families of affected personnel. This plan provides for the additional staffing required to meet the current psychological support services needs of the Department. (1 Deputy Sheriff - Bonus I, 12 Professional Staff).



# Priority Funding Requests



## Employee Support Services Bureau Post-Curtailment Recovery Plan

Staffing Category	Positions	S&EB
Sworn Staff		
Deputy Sheriff - Bonus I	1	\$120,000
Professional Staff		
Clinical Psychology Intern	2	\$75,000
Industrial/Organizational Consultant	1	\$142,000
Information Systems Analyst II	1	\$86,000
Law Enforcement Psychologist	5	\$618,000
Law Enforcement Technician	2	\$115,000
Operations Assistant I	1	\$55,000
Total Professional Staff	12	\$1,091,000
<b>TOTAL</b>	<b>13</b>	<b>\$1,211,000</b>

Other Costs Category	Amount
One-Time Services & Supplies	
Staff Support	\$26,000
On-Going Services & Supplies	
Staff Support	\$26,000
Training (Outside)	\$12,000
Computers, Server, Software	\$28,000
Office Furniture	\$7,000
Pager Service Charges	\$1,000
Total On-Going S&S	\$74,000
Fixed Assets	
Computer Server Upgrade	\$7,000
<b>TOTAL</b>	<b>\$107,000</b>

Category Totals	Cost
Staffing	\$1,211,000
Other Costs	\$107,000
<b>GRAND TOTAL</b>	<b>\$1,318,000</b>

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# Priority Funding Requests



## Field Operations Region III - San Dimas Station New Station Limited Staffing Request Phase I

The funding of the requested Law Enforcement Technician (LET) positions are necessary to operate San Dimas Station as a full service station. (10 Law Enforcement Technicians)

Staffing Category	Positions	S&EB
Professional Staff		
Law Enforcement Technicians	10	\$575,000
TOTAL	10	\$575,000

Other Costs Category	Amount
One-Time Services & Supplies	
Staff Support	\$20,000
On-Going Services & Supplies	
Staff Support	\$20,000
TOTAL	\$40,000

Category Totals	Cost
Staffing	\$575,000
Other Costs	\$40,000
GRAND TOTAL	\$615,000







# Priority Funding Requests



## Office of Homeland Security Supplemental Staff Terrorist Early Warning Group (TEW)

An increase in the permanent supervisory staffing level of TEW is needed to continue to meet regional, national and international counter-terrorism demands. Constant intelligence must be acquired from agencies across the nation and the world. TEW personnel are being used to jointly staff, with the FBI and LAPD, the new Joint Regional Intelligence Center (JRIC). The JRIC will have responsibility for the accumulation, analysis, and dissemination of terrorist threat related data. These personnel maintain liaison with all levels of local, State, and Federal law enforcement and national intelligence agencies regarding terrorist threats and information. Personnel also interact, train, and share vital information with other agencies. Maintaining the current service levels is vital to the security of the local community and the nation as a whole. The current service level needs to be funded with full-time supervisory and management personnel who can be entirely dedicated to the bureau. (1 Lieutenant, 1 Sergeant, 3 Deputy Sheriff-Bonus 1)

Staffing Category	Positions	S&EB
Sworn Staff		
Lieutenant	1	\$161,000
Sergeant	1	\$135,000
Deputy Sheriff - Bonus I	3	\$340,000
Total Sworn Staff	5	\$636,000
<b>TOTAL</b>	5	\$636,000

Other Costs Category	Amount
One-Time Services & Supplies	
Staff Support	\$10,000
On-Going Services & Supplies	
Staff Support	\$10,000
<b>TOTAL</b>	\$20,000

Category Totals	Cost
Staffing	\$636,000
Other Costs	\$20,000
<b>GRAND TOTAL</b>	\$656,000







## Priority Funding Requests



### Office of Homeland Security Regional Community Policing Institute (RCPI)

The RCPI is presently funded through cooperative agreements with the Department of Justice COPS office. Recent budget cuts to the COPS office have resulted in the cutting off of funds to the RCPI for the 2006-07 fiscal year. Current federal funding will end in February 2007, forcing the closure of the RCPI.

Staffing Category	Positions	S&EB
Sworn Staff		
Lieutenant	1	\$161,000
Sergeant	1	\$135,000
Operations Assistant II	1	\$68,000
Video Production Specialist	1	\$82,000
Secretary II	1	\$51,000
Total Sworn Staff	3	\$497,000
<b>TOTAL</b>	5	\$497,000

Other Costs Category	Amount
One-Time Services & Supplies	
Staff Support	\$10,000
On-Going Services & Supplies	
Staff Support	\$10,000
<b>TOTAL</b>	\$20,000

Category Totals	Cost
Staffing	\$497,000
Other Costs	\$20,000
<b>GRAND TOTAL</b>	<b>\$517,000</b>



## INMATE WELFARE FUND

FY 03/04 (07/01/03 - 06/30/04)

Beginning Balance			\$26,369,219
<b>Revenue</b>			\$34,554,114
<b>Expenditures</b>	Inmate Programs	Facilities Infrastructure	
Maintenance; Repairs;		\$ 496,370	
Computers; software; Consulting Svs; Planning & Engineering;		\$1,089,785	
Equipment;		\$ 864,621	
Educational services; Personnel; Newspaper/Magazine Svs;	\$18,365,837		
Inmate Care & Supplies;	\$ 545,309		
Vocational materials and supplies;	\$ 2,024,242		
Fixed Assets	\$ 967,599	\$1,447,666	
<b>Total Expenditures</b>	\$21,902,987	\$3,898,442	\$25,801,429
Balance forward - 07/01/04			\$35,121,904

FY 04/05 (07/01/04 - 06/30/05)

Beginning Balance			\$35,132,133
<b>Revenue</b>			\$25,545,558
<b>Expenditures</b>	Inmate Programs	Facilities Infrastructure	
Maintenance; Repairs;		\$6,433,913	
Computers; software; Consulting Svs; Planning & Engineering;		\$2,366,411	
Equipment;		\$ 28,132	
Educational services; Personnel; Newspaper/Magazine Svs	\$19,493,134		
Inmate Care & Supplies;	\$ 381,741		
Vocational materials and supplies;	\$ 1,269,721		
Fixed Assets		\$ 414,780	
<b>Total Expenditures</b>	\$21,144,596	\$9,243,326	\$30,387,832
Balance forward - 07/01/05			\$30,289,859



# INMATE WELFARE FUND

FY 05/06 (07/01/05 - 01/31/06)

<b>Beginning Balance</b>			<b>\$30,290,000</b>
<b>Revenue</b>			<b>\$36,806,185</b>
<b>Expenditures</b>	<b>Inmate Programs</b>	<b>Facilities Infrastructure</b>	
Maintenance; Repairs;		\$2,096,526	
Computers; software; Consulting Svs; Planning & Engineering;		\$ 462,580	
Educational services; Personnel; Newspaper/Magazine Svs	\$3,751,217		
Inmate Care & Supplies;	\$ 229,574		
Vocational materials and supplies;	\$ 50,058		
Fixed Assets	\$ 149,821	\$ 297,032	
<b>Total Expenditures</b>	<b>\$4,180,670</b>	<b>\$2,856,138</b>	<b>\$ 7,036,808</b>
<b>Balance 01/31/06</b>			<b>\$60,059,377</b>

	<b>Inmate Programs</b>	<b>Facilities Infrastructure</b>	<b>Total</b>
<b>Balance Forward 01/31/06</b>			<b>\$60,059,377</b>
Encumbrances			\$19,081,436
Adjusted Balance	\$32,974,824	\$46,165,989	\$79,140,813
Approved Requests Pending Completion	\$21,995,423	\$39,442,936	\$61,438,359
<b>Available (uncommitted) Funds</b>	<b>\$10,979,401</b>	<b>\$ 6,723,053</b>	<b>\$17,702,454</b>
Pending Requests (not yet approved)		\$13,035,575	



# Los Angeles County Sheriff's Department



## FIELD OPERATIONS DIRECTIVE

Field Operations Support Services, (323) 526-5760

FIELD OPERATIONS DIRECTIVE: 06-XX

ISSUE DATE: 05-09-2006

EFFECTIVE DATE: 05-09-2006

ISSUED FOR: OFFICE OF HOMELAND SECURITY  
FIELD OPERATIONS REGION I  
FIELD OPERATIONS REGION II  
FIELD OPERATIONS REGION III  
DETECTIVE DIVISION

### PATROL STATION RADIO CAR DEPUTY EQUITY POLICY

#### PURPOSE

The importance of the Sheriff's Department radio-car patrol services will continue to be our highest priority. The issue of equitable staffing will also continue to be a priority.

#### POLICY AND PROCEDURES

Due to personnel vacancies of radio car assigned deputies, this policy will require that the impact of patrol-radio car deputy vacancies be equitably shared between the contract cities and unincorporated communities.

The following policy will be immediately effective:

- Radio-car deputy vacancies will be equitably shared between contract city communities and unincorporated communities.
- Over-time expenditure to replace vacant radio-car deputy positions will be equitably shared between contract city communities and unincorporated communities.
- A monthly administrative summary of this policy will be completed and reported to the Sheriff and members of the Board of Supervisors for review and accountability.



**Sheriff's Department**  
**PATROL STATION RADIO CAR DEPUTY EQUITY POLICY**  
as of APRIL 30, 2006

		(1)		(1)		(2)		(3)		(4)			
REGION I		CONTRACT CITIES PATROL	EQUITABLE VACANCIES	UNINCORPORATED AREA PATROL	EQUITABLE VACANCIES	OTHER STATION DEPUTIES	EQUITABLE VACANCIES	VACANCIES	Long-Term Absences	TOTAL SHORTAGES	% to BUDGET	OVERTIME FTE	% to TOTAL SHORTAGES
Lancaster Station	FY 05/06 BUDGET	88.0	18.2	27.0	5.6	45.0	9.3	30.0	3.0	33.0	20.63%	33.0	100.00%
East Los Angeles		27.0	4.6	55.0	9.3	48.0	8.1	19.0	3.0	22.0	16.92%	10.0	45.45%
Santa Clarita Valley		71.0	15.0	26.0	5.5	54.0	11.4	26.0	6.0	32.0	21.19%	28.0	87.50%
Temple Station		76.0	19.2	27.0	6.8	55.0	13.9	36.0	4.0	40.0	25.32%	19.0	47.50%
Crescenta Valley		14.0	2.9	15.0	3.1	19.0	4.0	10.0	0.0	10.0	20.83%	4.0	40.00%
Malibu Station		69.0	14.0	9.0	1.8	35.0	7.1	21.0	2.0	23.0	20.35%	19.0	82.61%
Altadena Station		0.0	0.0	29.0	5.8	21.0	4.2	8.0	2.0	10.0	20.00%	4.0	40.00%
Palmdale Station		84.0	23.7	23.0	6.5	42.0	11.8	37.0	5.0	42.0	28.19%	31.0	73.81%
<b>REGION I TOTAL:</b>	<b>959.0</b>	<b>429.0</b>	<b>94.8</b>	<b>211.0</b>	<b>46.6</b>	<b>319.0</b>	<b>70.5</b>	<b>187.0</b>	<b>25.0</b>	<b>212.0</b>	<b>22.11%</b>	<b>148.0</b>	<b>69.81%</b>
REGION II		CONTRACT CITIES PATROL	EQUITABLE VACANCIES	UNINCORPORATED AREA PATROL	EQUITABLE VACANCIES	OTHER STATION DEPUTIES	EQUITABLE VACANCIES	VACANCIES	Long-Term Absences	TOTAL SHORTAGES	% to BUDGET	OVERTIME FTE	% to TOTAL SHORTAGES
Lennox Station	FY 05/06 BUDGET	23.0	5.0	61.0	13.2	68.5	14.8	31.0	2.0	33.0	21.64%	11.0	33.33%
Marina Del Rey		0.0	0.0	36.0	7.6	21.0	4.4	11.0	1.0	12.0	21.05%	5.0	41.67%
West Hollywood		59.0	10.0	15.0	2.5	38.0	6.4	16.0	3.0	19.0	16.96%	17.0	89.47%
Carson Station		69.0	9.8	22.0	3.1	57.0	8.1	18.0	3.0	21.0	14.19%	15.0	71.43%
Lomita Station		39.0	9.0	2.0	0.5	33.0	7.6	15.0	2.0	17.0	22.97%	10.0	58.82%
Century Station		41.0	9.8	96.0	22.9	77.0	18.4	45.0	6.0	51.0	23.83%	31.0	60.78%
Compton Station		75.0	12.9	16.0	2.8	37.0	6.4	17.0	5.0	22.0	17.19%	21.0	95.45%
Avalon Station		5.0	0.0	2.0	0.0	4.0	0.0	0.0	0.0	0.0	0.00%	2.0	---
<b>REGION II TOTAL:</b>	<b>896.5</b>	<b>311.0</b>	<b>60.7</b>	<b>250.0</b>	<b>48.8</b>	<b>335.5</b>	<b>65.5</b>	<b>153.0</b>	<b>22.0</b>	<b>175.0</b>	<b>19.52%</b>	<b>112.0</b>	<b>64.00%</b>
REGION III		CONTRACT CITIES PATROL	EQUITABLE VACANCIES	UNINCORPORATED AREA PATROL	EQUITABLE VACANCIES	OTHER STATION DEPUTIES	EQUITABLE VACANCIES	VACANCIES	Long-Term Absences	TOTAL SHORTAGES	% to BUDGET	OVERTIME FTE	% to TOTAL SHORTAGES
Walnut Station	FY 05/06 BUDGET	37.0	5.6	21.0	3.2	40.8	6.2	13.0	2.0	15.0	15.18%	7.0	46.67%
Industry Station		58.0	10.5	42.0	7.6	77.2	13.9	28.0	4.0	32.0	18.06%	13.0	40.63%
Lakewood Station		139.0	19.4	1.0	0.1	75.0	10.5	25.0	5.0	30.0	13.95%	31.0	103.33%
Norwalk Station		72.0	14.6	25.0	5.1	61.0	12.4	24.0	8.0	32.0	20.25%	23.0	71.88%
Pico Rivera Station		34.0	6.5	14.0	2.7	31.0	5.9	12.0	3.0	15.0	18.99%	6.0	40.00%
San Dimas Station		25.0	4.3	29.0	5.0	28.0	4.8	12.0	2.0	14.0	17.07%	4.0	28.57%
Cerritos Station		33.0	2.8	0.0	0.0	14.0	1.2	4.0	0.0	4.0	8.51%	12.0	300.00%
<b>REGION III TOTAL:</b>	<b>857.0</b>	<b>398.0</b>	<b>65.9</b>	<b>132.0</b>	<b>21.9</b>	<b>327.0</b>	<b>54.2</b>	<b>118.0</b>	<b>24.0</b>	<b>142.0</b>	<b>16.57%</b>	<b>96.0</b>	<b>67.61%</b>
Community College Bureau		0.0	0.0	0.0	0.0	31.0	5.0	3.0	2.0	5.0	16.13%	8.0	160.00%
Community Oriented Policing Services		0.0	0.0	0.0	0.0	159.0	66.0	63.0	3.0	66.0	41.51%	29.0	43.94%
Community Law Enforcement Partnership Program		0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.00%	0.0	0.00%
<b>GRAND TOTAL</b>	<b>2905.5</b>	<b>1138.0</b>	<b>235.0</b>	<b>593.0</b>	<b>122.5</b>	<b>1174.5</b>	<b>242.5</b>	<b>524.0</b>	<b>76.0</b>	<b>600.0</b>	<b>20.65%</b>	<b>393.0</b>	<b>65.50%</b>

- (1) Patrol, Traffic Enf., Special Assignmnt, School Res., Motor Btl, Trm Off, Resident.  
(2) Investigator, Watch Deputies, Traffic Investigator, Court Deputies, Team Leader, Helicopter Observer  
(3) VACANCIES: Could be in either Contract Cities, Unincorp Areas or Other  
(4) Long-term absences including IOD, ROD, Military Leave, Maternity Leave, etc.  
\* Additional overtime is fully reimbursed by the contract agency





**Opinion No. 93-903—May 3, 1994**

Requested by: MEMBER OF THE CALIFORNIA ASSEMBLY;  
DISTRICT ATTORNEY, COUNTY OF CONTRA  
COSTA

Opinion by: DANIEL E. LUNGREN, Attorney General  
Anthony S. DaVigo, Deputy

THE HONORABLE RICHARD K. RAINEY, MEMBER OF THE CALIFORNIA ASSEMBLY, has requested an opinion on the following question:

Does a county board of supervisors have the legal authority to govern the actions of an elected sheriff concerning the manner in which the sheriff's budget allotment is to be spent, including the manner in which personnel will be assigned?

THE HONORABLE GARY T. YANCEY, DISTRICT ATTORNEY, COUNTY OF CONTRA COSTA, has requested an opinion on the following question:

Does a county board of supervisors have the legal authority to govern the actions of an elected district attorney concerning the manner in which the district attorney's budget allotment is to be spent, including the manner in which personnel will be assigned?

**CONCLUSION**

A county board of supervisors is not authorized to govern the actions of a sheriff or district attorney concerning the manner in which their respective budget allotments are expended or the manner in which personnel are assigned.

**ANALYSIS**

The present inquiry concerns whether a county board of supervisors<sup>1</sup> may govern the actions of a sheriff or district attorney with respect to the manner in which budget allotments for those offices are expended, including issues of personnel deployment.<sup>2</sup> Generally, a county possesses and can exercise only such powers as are granted to it by the Constitution or by statutes,

<sup>1</sup> It will be assumed for purposes of this analysis that the county in question is a general law county.

<sup>2</sup> The questions refer to an "elected" sheriff and to an "elected" district attorney. For purposes of this analysis, we find no talismanic significance respecting the manner of selection of these officers. (See *People v. Kelsey* (1868) 34 Cal. 470; *Beck v. County of Santa Clara* (1988) 204 Cal.App.3d 789, 794-795; 33 Ops.Cal.Atty.Gen. 180, 182 (1959).)

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together with those powers as arise by necessary implication from those expressly granted. (Gov. Code, § 23003; *Byers v. Board of Supervisors* (1968) 262 Cal.App.2d 148, 157; 70 Ops.Cal.Atty.Gen. 227, 228 (1987).)<sup>3</sup> Some county powers are exercised by the board of supervisors, while others are exercised by county officers and agents acting under "authority conferred by law." Section 23005 states: "A county may exercise its powers only through the board of supervisors or through agents and officers acting under authority of the board or authority conferred by law."

In examining the scope of a county's powers, we look first to the Constitution. Article XI, section 1, subdivision (b), of the Constitution states as follows:

"The Legislature shall provide for county powers, an elected sheriff, an elected district attorney, an elected assessor, and an elected governing body in each county. Except as provided in subdivision (b) of section 4 of this article, each governing body shall prescribe by ordinance the compensation of its members, but the ordinance prescribing such compensation shall be subject to referendum. The Legislature or the governing body may provide for other officers whose compensation shall be prescribed by the governing body. The governing board shall provide for the number, compensation, tenure, and appointment of employees."<sup>4</sup>

In carrying out its constitutional mandate, the Legislature has provided for an elected governing board in each county and has prescribed its powers. (§§ 25000-26400.) Section 25300 states specifically:

"The board of supervisors shall prescribe the compensation of all county officers and shall provide for the number, compensation, tenure, appointment and conditions of employment of county employees. Except as otherwise required by Section 1 or 4 of Article XI of the California Constitution, such action may be taken by resolution of the board of supervisors as well as by ordinance."

Section 25207 more generally provides:

"The board may do and perform all other acts and things required by law not enumerated in this part, or which are

<sup>3</sup> Unidentified section references herein are to the Government Code.

<sup>4</sup> The Constitution also provides that charter counties are to provide in their charters for an elected sheriff, an elected district attorney, and an elected governing board, and for the compensation of such officers. (Cal. Const., art. XI, § 4; see *Beck v. County of Santa Clara*, *supra*, 204 Cal.App.3d at 796-799.)



necessary to the full discharge of the duties of the legislative authority of the county government."

Finally, of particular significance here regarding the powers of a board of supervisors, section 25303 states as follows:

"The board of supervisors shall supervise the official conduct of all county officers, and officers of all districts and other subdivisions of the county, and particularly insofar as the functions and duties of such county officers and officers of all districts and subdivisions of the county relate to the assessing, collecting, safekeeping, management, or disbursement of public funds. It shall see that they faithfully perform their duties, direct prosecutions for delinquencies, and when necessary, require them to renew their official bond, make reports and present their books and accounts for inspection.

"This section shall not be construed to affect the independent and constitutionally and statutorily designed investigative and prosecutorial functions of the sheriff and district attorney of a county. The board of supervisors shall not obstruct the investigative function of the sheriff of the county nor shall it obstruct the investigative prosecutorial function of the district attorney of a county.

"Nothing contained herein shall be construed to limit the budgetary authority of the board of supervisors over the district attorney or sheriff."

With respect to the authority and functions of a district attorney, the Legislature has defined various duties and responsibilities. (§§ 26500-26543.) Section 26500 states:

"The district attorney is the public prosecutor, except as otherwise provided by law.

"The public prosecutor shall attend the courts, and within his or her discretion shall initiate and conduct on behalf of the people all prosecutions for public offenses."

A district attorney is expressly authorized and directed to institute proceedings before magistrates for the arrest of persons charged or reasonably suspected of public offenses, to attend and advise the grand jury, and to draw all indictments and informations. (§§ 26501, 26502.)

The Legislature has also enacted a statutory scheme defining the powers and duties of a sheriff. (§§ 26600-26778.) Section 26600 generally provides:

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"The sheriff shall preserve peace, and to accomplish this object may sponsor, supervise, or participate in any project of crime prevention, rehabilitation of persons previously convicted of crime, or the suppression of delinquency."

A sheriff is expressly authorized and directed to investigate public offenses which have been committed and to arrest and take before a magistrate all persons who have committed a public offense. (§§ 26601, 26602.)

Both a district attorney and a sheriff are county officers authorized to appoint as many deputies as are necessary for the prompt and faithful discharge of their respective duties. (§§ 24000, 24101.)<sup>5</sup>

With these statutory duties in mind, we commence our analysis of the questions with a case which interpreted laws enacted under the original Constitution. In 1855, El Dorado County retained the services of a private law firm to prosecute certain parties accused of murder. The Eleventh Judicial District Court determined that the board of supervisors had no authority to make such a contract. (*Newell & Williams v. El Dorado County* (1856) 1 Labatt 102.) The court explained its decision in part as follows:

"... [I]t is the duty of the County to see that the laws are executed and criminals punished; but in the exercise of this duty, it goes no farther and can go no farther, that to furnish the money, officers and agents, necessary to accomplish the object. In the performance of this duty each County is restricted and controlled within certain limits, and those are fixed by Statute. It, too, is created by Statutes, they are its charter and beyond their provisions it cannot go. It possesses no power except such as has been expressly delegated and such as may be necessary to carry into effect the delegated powers.

"In looking to the Statutes for the purpose of ascertaining the extent of these powers, and the manner in which they are exercised, we find that Counties, like other corporations, conduct their affairs by means of certain officers, and these have certain duties assigned them, covering the whole field of criminal prosecutions. . . .

"... A District Attorney is paid a liberal salary to attend to the prosecution of all criminal cases . . . .

<sup>5</sup> However, "[a] county district attorney prosecuting a criminal action within a county, acts as a state officer, exercising ultimately powers which may not be abridged by a county board of supervisors." (*Graham v. Municipal Court* (1981) 123 Cal.App.3d 1018, 1022.)

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"The theory of the law is, that these officers and their deputies are able and competent to discharge, to the satisfaction of the public and in such a manner as to meet its demands, all of the various duties that have been imposed upon them. If the Legislature has made a mistake, it is not the fault of the County or of the Board of Supervisors, any more than it would be of an agent who had not been clothed with powers sufficiently ample to attend properly to the interests of his principal." (*Id.*, at pp. 104-105.)

Nearly four decades later, a similar question arose concerning the authority of the Modoc County Board of Supervisors to employ counsel on behalf of the county to assist the district attorney in the prosecution of criminal cases. In *County of Modoc v. Spencer* (1894) 103 Cal. 498, 501, the Supreme Court analyzed the issues as follows:

"... [I]t is strongly urged in effect that it was within the inherent general power of the board, in the absence of special provision, to provide for the proper prosecution of these cases. But we know of no such inherent or undefined power in the board of supervisors; their powers being purely statutory, their every act must find its warrant in the statute, either expressly or by necessary implication. [Citations.] The legislature having specified certain cases in which such power may be exercised, there is no implication that she intended it to be exercised in others; *expressio unius est exclusio alterius*. In fact, an examination of all the provisions of the statute bearing upon the subject leads to the conclusion that it never was intended that the board of supervisors should be permitted to control or interfere with criminal prosecutions or with the district attorney in their management. The district attorney in the discharge of the duties of his office performs two quite distinct functions. He is at once the law officer of the county and the public prosecutor. While in the former capacity he represents the county and is largely subordinate to, and under the control of, the board of supervisors, he is not so in the latter. In the prosecution of criminal cases he acts by the authority and in the name of the people of the state."<sup>6</sup>

In the two cases set forth above, a county board of supervisors attempted to employ private attorneys to conduct prosecutorial functions; such

<sup>6</sup> The nature and extent of a board's control over the district attorney when he is acting in the capacity of the county "law officer" is defined in sections 25203 and 31001; virtually all counties now have these civil law functions preformed by the county counsel (§§ 17640-27648). We are concerned here, on the other hand, with a district attorney acting as public prosecutor.

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employment relationship would place in the hands of the supervisors the attendant right to control the conduct and assignment of the attorneys under contract. The present inquiry focuses upon the extent of control retained by a board of supervisors over the manner in which funds allocated to the offices of the district attorney and sheriff are expended, including the manner in which personnel are deployed. As in the foregoing cases, the primary issue here concerns the authority of a board of supervisors to assume the prerogative of an employer, thereby diminishing necessarily the control exercised by the district attorney and sheriff over the conduct and deployment of those who perform the duties of their respective offices.

In *Hicks v. Board of Supervisors* (1977) 69 Cal.App.3d 228, the Court of Appeal held that the Orange County Board of Supervisors was not authorized to transfer 22 investigative positions from the district attorney's office to the sheriff's office. The court stated as follows:

"The board of supervisors has no inherent powers; the counties are legal subdivisions of the state, and the county board of supervisors can exercise only those powers expressly granted it by Constitution or statutes and those necessarily implied therefrom. (Cal. Const., art. XI, § 1; *People v. Langdon*, 54 Cal.App.3d 384, 388-389; *Byers v. Board of Supervisors*, 262 Cal.App.2d 148, 155.) An examination of the provisions of the applicable statutes and of the Constitution reveals that the board of supervisors has been granted no power of control over the district attorney in the exercise of his discretionary duties. Although the board of supervisors has the power to prescribe the number, compensation, tenure, and appointment of county employees (Gov. Code, § 25300), the board has no power to itself appoint deputies or assistants to the district attorney (*County of Modoc v. Spencer*, *supra*, 103 Cal. at pp. 500-502); although the county board of supervisors has authority to supervise county officers in order to insure that they faithfully perform their duties (Gov. Code, § 25303), the board has no power to perform county officers' statutory duties for them or direct the manner in which duties are performed (*People v. Langdon*, *supra*, 54 Cal.App.3d 384, 390), and although the board of supervisors exercises control over the county budget (Gov. Code, §§ 29021.1-29101), the board may not, by failing to appropriate funds, prevent the district attorney from incurring necessary expenses for crime detection as county charges (Gov. Code, § 29601); *Cunning v. County of Humboldt*, 204 Cal. 31, 33-35)." (*Id.*, at p. 242.)



Following the *Hicks* decision, the last two paragraphs of section 25303, *supra*, were added (Stats. 1977, ch. 599, § 1), essentially codifying the holding of the court. By the express terms of this amendatory language, section 25303 may not be construed to affect the constitutionally and statutorily granted powers of a sheriff or district attorney.

In our view, it is clear that control by a board of supervisors over the manner in which funds allocated to the sheriff and district attorney are to be expended, including the assignment of personnel, would impair the exercise by those officers of their constitutionally and statutorily defined powers. Such supervisory control would directly conflict with the admonition that "the board has no power to perform county officers' statutory duties for them or direct the manner in which duties are performed . . ." (*Hicks v. Board of Supervisors*, *supra*, 69 Cal.App.3d at 242; see also *People v. Langdon* (1976) 54 Cal.App.3d 384, 388-390 [county clerk].) Consistent with the *Hicks* rationale, the Supreme Court has recently ruled that the supervisory authority of a board of supervisors over the county assessor is limited to ensuring the faithful performance of the duties of that office, and does not permit the board to control, directly or indirectly, the manner in which the duties are performed. (*Connolly v. County of Orange* (1992) 1 Cal.4th 1105, 1113, fn. 9.)

With specific regard to the office of sheriff, the court in *Brandt v. Board of Supervisors* (1978) 84 Cal.App.3d 598, 602, expressly found:

"We note the board not only had no duty but also had no right to control the operation of the jail; a board of supervisors has no legal authority to use its budgetary power to control employment in or operation of the sheriff's office . . . Only the sheriff has control of and responsibility for distribution and training of personnel and the specific use of the funds allotted to him."

In sum, the distinction to be drawn is between the power of a board of supervisors to appropriate county funds and the power of a sheriff or district attorney to manage the expenditure of the funds so appropriated. The grant of authority given to a board of supervisors by the Legislature is unaffected by allowing the sheriff and district attorney to perform their constitutional and statutory duties. A board's specific responsibility to "provide for the number, compensation, tenure, appointment and conditions of employment of county employees" (§ 25300) is simply an inherent aspect of the preparation and adoption of the county's budget, which in turn is an indispensable prerequisite to a valid tax levy, a clearly legislative function. (*Ryan v. Byram* (1935) 4 Cal.2d 596, 602; *Hicks v. Board of Supervisors*, *supra*, 69 Cal.App.3d at 235; *Beck v. County of Santa Clara*, *supra*, 204



Cal.App.3d at 800-801; *County of Butte v. Superior Court* (1985) 176 Cal.App.3d 693, 698-700; see also *California State Employees' Assn. v. State of California* (1973) 32 Cal.App.3d 103, 108, 110; *California State Employees' Assn. v. Flourney* (1973) 32 Cal.App.3d 219, 234.) However, the budget process is integral and complete upon adoption of the budget; it does not encompass the management of budgetary resource allotments the responsibility for which is conferred by the Constitution or laws upon other county officers either expressly or by necessary implication. (*Beck v. County of Santa Clara, supra*, 204 Cal.App.3d at 800-801; *County of Butte v. Superior Court, supra*, 176 Cal.App.3d at 698-700; *Hicks v. Board of Supervisors, supra*, 69 Cal.App.3d at 242-244; cf. *State Board of Education v. Levit* (1959) 52 Cal.App.2d 441, 461-462.) Consequently, a board's authority to provide "conditions of employment" (§ 25300) cannot be interpreted to confer ongoing control over the actions to be taken by personnel previously assigned to the sheriff or district attorney.

Accordingly, it is concluded that a county board of supervisors is not authorized to govern the actions of a sheriff or district attorney concerning the manner in which their respective budget allotments are expended or the manner in which personnel are assigned.

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Opinion No. 94-102—May 3, 1994

Requested by: MEMBER OF THE CALIFORNIA STATE ASSEMBLY

Opinion by: DANIEL E. LUNGREN, Attorney General  
Clayton P. Roche, Deputy

THE HONORABLE TED WEGGELAND, MEMBER OF THE CALIFORNIA STATE ASSEMBLY, has requested an opinion on the following question:

May a person who represents a group of state lottery ticket purchasers be reimbursed by them for the actual and necessary costs of managing their lottery pool?



Wednesday, May 10, 2006



Budget Hearings  
Fiscal Year 2006-07  
Speaker: Marcia Mayeda, Director  
Animal Care and Control

Marcia Mayeda  
Director

Administrative Office  
5898 Cherry Ave.  
Long Beach, CA 90805  
(562) 728-4882  
Fax (562) 422-3408  
<http://animalcontrol.co.la.ca.us>



Shelter locations

11258 S. Garfield Ave.  
Downey, CA 90242  
(562) 940-6898

216 W. Victoria St.  
Gardena, CA 90248  
(310) 523-9566

4275 N. Elton St.  
Baldwin Park, CA 91706  
(626) 962-3577

5210 W. Avenue I  
Lancaster, CA 93536  
(661) 940-4191

31044 N. Charlie Cyn. Rd.  
Castaic, CA 91384  
(661) 257-3191

29525 Agoura Rd.  
Agoura, CA 91301  
(818) 991-0071

Summary of Net County Costs:

Officers (20.0)	\$1,065,780
Veterinarians and Related Compensation (3.0)	\$900,897
Call Center Staffing (7.0)	\$328,986
Subtotal	\$2,295,663
Less Revenue Offset	\$1,550,000
Subtotal Net County Cost	\$745,663
Unmet Support Personnel Needs (10.0)	\$660,000
<b>Total Net County Cost</b>	<b>\$1,405,663</b>

The Department of Animal Care and Control is currently facing several critical issues that I ask your Board to consider.

1. Field Staffing. First, there is a critical need to have more officers in the field to respond to complaints of dangerous or stray dogs that threaten our communities. During the public hearing over the mandatory spay and



LERROY D. BACA, SHERIFF

County of Los Angeles  
Sheriff's Department Headquarters  
4700 Ramona Boulevard  
Monterey Park, California 91754-2169



May 9, 2006

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

Attached please find California Attorney General's Opinion No. 93-903 dated May 3, 1994, which finds that a county board of supervisors is not authorized to govern the actions of a sheriff concerning the manner in which his budget allotments are expended or the manner in which personnel are assigned.

Based on the above-opinion of the Attorney General, it appears it is not advisable or legally permissible to limit the growth of an existing contract with a city, MTA Board, Community College District or other agency. It would be improper to displace the sheriff's determination of staffing levels necessary to keep abreast of public safety needs. While the Board can refuse to authorize a new contract, refusal to approve staffing enhancements to an existing contract appears to breach the sheriff's authority under State law to determine appropriate staffing levels.

Sincerely,

LERROY D. BACA  
SHERIFF

*A Tradition of Service*

neuter ordinance, your Board directed me to come back during budget deliberations to discuss the additional twenty (20.0) officer positions needed in the Department. We need four (4.0) positions to serve the County unincorporated areas of East Los Angeles and Florence-Firestone; two (2.0) positions for Lake Los Angeles and Little Rock; two (2.0) positions for Agua Dulce and Acton; eight (8.0) positions to distribute across all six Department shelters to expand animal control field services; and four (4.0) sergeant positions to provide oversight for these additional positions as well as supervise all dangerous/vicious dog investigations, animal abuse and neglect investigations and oversee all animal business license activities at the Department's animal shelters.

**Total net County cost for twenty (20.0) additional officers:**

**\$1,065,780.**

2. Veterinarian Salaries. Our second critical need is to increase the salary levels of County veterinarians to be competitive and attract and retain qualified veterinarians. We have had a vacancy in our shelter veterinarian position at our Lancaster animal shelter since last



summer. Our recruitment efforts have been futile even though we have hired the Department of Human Resources, as well as an outside recruitment firm to assist with recruitment efforts. To date we have received only one resume. The reason for this is that our salary scale for veterinarians is significantly lower than that of surrounding Counties. The average starting salary in Orange and Riverside Counties is 12.5% above the starting salary for the County, and the average maximum salary in these counties is 36.8% above Los Angeles County's maximum salary. While these are the top and bottom ends of the ranges, from my discussions with shelter directors at other agencies I have learned that they pay their veterinarians between \$95,000 and \$105,000. Los Angeles County's range for veterinarian salaries is \$63,216 to \$82,900. As long as our salaries are not competitive we will not be able to attract candidates for this position. With the passage of the Spay/Neuter Ordinance Amendment to Title 10, your board approved three (3.0) additional veterinarians, for a total of four (4.0) vacancies. It is crucial that our salaries for veterinarians be raised so we can fill these critical positions.

**Total net County cost for three (3.0) additional veterinarians and increasing current veterinarians' salaries: \$450,000.** While the total cost will be \$900,897, approximately half of this cost will be offset by \$450,000 in dog license revenues dedicated to the low-cost spay/neuter program.

3. Call Center Staffing. Our third critical need is for more staff to answer telephones in our centralized call center. Last year, the Department was able to upgrade its outdated and inefficient telephone system with a state of the art Voice Over IP system. This was paid for largely by a grant from the Information Technology Fund. The previous problems of dropped calls, overloaded systems, and failed transfers have been eliminated. However, callers may now be on hold for up to 20 minutes because there are not enough call takers to answer their calls in a timely manner. This department needs seven (7.0) additional Intermediate Typist Clerk positions to properly staff the Call Center.

**Total Cost for seven (7.0) Intermediate Typist Clerks: \$328,986**



I was appointed by your Board in July, 2001. The past five years have been both challenging and rewarding, as my management team and I have made major changes to the department's infrastructure to align it with current expectations and standards for animal care and control agencies. We have focused our efforts on the core priorities of protecting public safety, saving the lives of all adoptable animals, and improving internal processes. Some highlights of these years include:

#### Public Safety

- Implemented Dangerous Dog program to track, investigate and prosecute cases of dangerous or vicious dogs.
- Implemented the Safe Neighborhoods program, which serves as an early warning system to alert our department of potential canine threats before people are injured.
- Successfully prosecuted 267 cases of dangerous and vicious dogs.

- Drafted a mandatory spay/neuter and microchip ordinance to reduce the numbers of stray dogs causing public safety concerns in our communities.
- Implemented training so all officers are trained how to recognize and report elder and child abuse to support the County's goal of protecting children and families. Also trained employees from the Department of Public Social Services and Children and Family Services on how to recognize animal abuse.
- Implemented "Ani-SAFE", a program which provides temporary housing for pets of domestic violence victims, so they may escape their dangerous situations.

#### Animal Care

- Completely reviewed and upgraded shelter practices regarding disinfection, vaccination, and shelter medicine.
- Began a foster program for underage or injured animals that require special care.
- Created a Major Cases Unit (MCU) to respond to large and/or complicated cases of animal abuse.

- Developed strong relationships with over 100 adoption groups who adopt animals from our shelters with the intent of placing them in permanent homes.
- Implemented the Good Manners Training Program which teaches shelter volunteers to train shelter pets in basic good manners, using professional dog trainers who volunteer their time and talent.
- Obtained grant funding to implement several low-cost spay/neuter programs at County shelters.

#### Other Process Improvements

- Developed performance measurements for key service areas to ensure the Department's mission and goals are being monitored and met.
- Updated and greatly expanded the Department's Policies and Procedures. These were out of date and had not been revised for approximately ten years.
- Initiated customer service surveys to track quality of service for field operations, shelter operations and license canvassing.

- Hired a training officer and developed and implemented structured training programs for staff at all six County shelters regarding Customer Service, Safe and Humane Animal Handling, Behavior Assessment, Animal Law Enforcement and many other subjects.
- Developed a formalized emergency response team composed of staff and trained and certified volunteers to provide rapid responses to animal emergencies during natural disasters or accidents.
- Developed an Animal Facility Grading system so consumers and pet owners could have better confidence in which animal facilities to patronize. This program has received nationwide recognition for its innovation.
- Improved the efficiency of our animal licensing system by integrating databases and using the Treasurer-Tax Collector to process the checks. Checks and applications are processed in a fraction of the time it took before, and the error rate has significantly decreased.



- Changed the County's Title 10 ordinance to make reasonable accommodations for disabled persons using service dogs, by exempting them from pet limit laws.
- Increased our current Volunteer Program by approximately 300%.

While we have made many significant improvements over the past five years, other challenges remain, particularly in the area of staffing levels and compensation. In December, 2005 I responded to your September 13, 2005 request for a report on whether this department is adequately staffed. Our findings concluded that, to be consistent with national standards as well as the needs of our service areas, our agency would require an additional \$6.6 million to hire another 128 employees and correct current classifications to meet the demands and requirements of these jobs. I understand that such a dramatic increase must be phased in over a number of years. The most critical needs are what I have presented to you today.

The primary reason for these low staffing levels has historically been staffing cuts and hiring freezes during lean budget years, beginning in the early 1990's, after which the Department did not adequately re-staff. We are now trying to correct these inequities.

Along with other County Departments, Animal Care and Control successfully survived the years of recession and uncertainty in the State budget. Over the last five years, the Department has taken a conservative approach and consistently operated within its budget and expended less than its budgeted Net County Cost for five years by \$3.2 million.

- 2001-02 - \$1,336,588
- 2002-03 - \$646,862
- 2003-04 - \$246,539
- 2004-05 - \$489,411
- 2005-06 - \$482,000 (estimate of closing)

Despite our many achievements, the Department finds itself in the midst of major challenges in the areas of field personnel, shelter and veterinary services, and clerical and support personnel.

Our critical needs total \$2.3 million. In Fiscal Year 2006-07 the Department's priority will be to present your Board with recommendations for fee increases in a number of areas where the current fee level is below what is appropriate. In addition, your board has approved new dog license fees, for which \$5.00 of each license will be set aside in a low-cost spay/neuter fund to pay for three additional veterinarians. These license fees will generate \$450,000 in revenue. Between the fee increases and the spay/neuter fund, we estimate this will generate an additional \$1.5 million, for a net County cost of these critical needs to be \$745,663.

I wish to point out that this request does not include the additional support personnel the Department needs to improve its administrative and financial controls in several areas. These areas include procurement and trust funds as outlined in the October 2004 Auditor-Controller's report to your Board. The estimated net County Cost to



meet these needs is \$660,000 and reflects an additional ten (10.0) positions ranging for warehouse operations, fleet services, procurement and budget services, management clerical support, and recruitment to focus on the hiring of critically needed officers.

While the Department of Animal Care and Control takes pride in its achievements of the past, the Department must be focused firmly on the future and needs your Board's support to provide additional funding in the areas mentioned above. Thank you for your consideration of this request.



800 S. Santa Anita Ave.  
Arcadia, California  
91006-3555

626.254.5000  
Fax 626.294.1077



May 10, 2006

Members of the Los Angeles County Board of Supervisors

Subject: Los Angeles County Budget  
Fiscal Year 2006-2007

Greetings:

My name is Susan Mandel. I have been the President and CEO of Pacific Clinics for twenty-six years. During that period I have had the pleasure of addressing your Board at least 10 to 12 times, but never have I been as concerned about the viability of community agencies as partners in your behavioral healthcare delivery system as I am today.

The problems involve three things that are interconnected. They are:

- 1) significant lack of funding for uninsured clients / families,
- 2) the increasing reliance upon Medicaid funding to balance CBO budgets and the associated risks, and
- 3) the workforce crisis.

The numbers of uninsured stand at approximately 6 million in California and 46 million nationally.

Pacific Clinics' LA County DMH budget has \$2.2 million out of \$49 million budgeted for the uninsured. Next fiscal year we have a 26% cut from 2005 - before the 2006-07 mental health budget is even finalized.

#### What have we done to manage the problem at Pacific Clinics

- In 2001 we stopped admissions of all non-emergency, non-hospital discharge clients. To date, we have turned away 3800 uninsured people.
- In March 2006 we discharged 300 uninsured clients to whom we could no longer provide services - we are exceeding our CGF budget by \$1.2 million.
- We now need to discharge an additional 800 uninsured clients who are not eligible for services under the Mental Health Services Act to continue to operate in 2006-2007.

#### How did we get here?

Community mental health agency budgets have been flat for the last seven years, yet costs of health care insurance; worker compensation insurance, gasoline, and workers wages have increased. The Department of Mental Health has encouraged community providers to manage

by increasing our revenue utilizing MediCal and other insurance. County General Fund money has been used as MediCal match.

Our agencies have balanced our budgets on the basis of Medicaid dollars and as a result we are exposed to audit disallowances and risks with no ability to maintain reserves. The most recent example occurred at a local agency where the state EPSDT auditors found a total of \$700 disallowance. Rather than just disallowing \$700, they extrapolated that amount to all services of a similar type throughout the agency for the past year and presented a bill for \$440,000. We as community agencies are fighting audit like this at the state level in partnership with other children's organizations; we are working with the legislature. What you need to hear is that we are at great risk of not being able to keep our doors open if these kinds of audit extrapolations are allowed to continue.

Eighty percent (80%) of children and youth mental health services are provided by community agencies. Our agencies are no strangers to auditors both internal and external. The state audits have not found abuse, fraud, or waste, yet they continue to audit. As a result growth in EPSDT is now less than MediCal in general. It is time for this budget saving tool disguised as an audit to stop – let us audit for quality and compliance.

#### Workforce

Lastly, our partnership with LA County breaks down somewhat when it comes to recruiting a workforce. There is a significant shortage of qualified professional / paraprofessional consumers in our area much less those that reflect the diversity of language, culture, and ethnicity within our state. At the present time due to the increase in child welfare programs and the increase in the Mental Health Services Act, the County Department of Mental Health is recruiting significant numbers of licensed staff and paying 20% more than community –based agencies. While we are not asking for parity with County salaries for our community agency staff - since obviously one of the reasons you contract with us is to provide for effective quality services at a lower cost - we do need to somehow reduce the gap so that we are not 20% below the County in salaries and wages. Once again, if our community agencies are not able to stay open, the system of care provided in Los Angeles, particularly to families and children, will collapse. I don't think anyone wants to see that happen.

I know you do not have blank checks. I know you do not have unlimited abilities to patch the system. The lack of funding for the uninsured is impacting your community partners. I hope that you will look at this budget and find ways to increase the amount of County General Fund dollars going to support the uninsured and that you will support our efforts in Sacramento and Washington D.C. to fight the audits and cuts in Medicaid programs.

Respectfully submitted,



Susan Mandel, Ph.D.  
President/CEO



**TESTIMONY FOR LOS ANGELES COUNTY BOARD OF SUPERVISORS  
PRESENTED BY STELLA MARCH, NAMI DELEGATE TO STAKEHOLDERS  
MAY 10, 2006**

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MEMBERS OF THE BOARD OF SUPERVISORS, STAFF AND OTHERS PRESENT,

THE STAKEHOLDERS WERE CALLED IN A FEW MONTHS AGO TO WORK ON A PROPOSAL FOR A BALANCED DMH BUDGET DUE ON MAY 12, NOW JUST JUST 2 DAYS AWAY. DURING DAY LONG MEETINGS WE DISCUSSED MANY OPTIONS AND SCENARIOS TO CUT THE \$48, MILLION PLUS COUNTY DEFICIT. IT WAS A TRANSPARENT PROCESS WITH ALL REQUIRED FACTS AND FIGURES PROVIDED AND ALL QUESTIONS ANSWERED WITH RESPECT. HOWEVER, IT WAS NOT EASY TASK.

SEARCHING FOR PLACES TO CUT WAS FRUSTRATING, AGONIZING AND PAINFUL. IT COULD MEAN NO MORE TREATMENT FOR THE UNINSURED WHO WOULD BE TURNED AWAY AT THE CLINICS. WE DID NOT LIKE THAT. UNTREATED. THESE PEOPLE WOULD LAND ON THE STREETS, ADDING TO THE HOMELESS -- OR -- IN JAILS-- OR IN ACUTE HOSPITALS. DEFINITELY NOT THE KIND OF RESULTS WE WANTED.

HOWEVER, WE LOOKED FOR OTHER HELP AHEAD. THE MAJOR DEFICIT IN THE 48 MILLION BUDGET IS THE 34 MILLION PLUS OWED TO DMH BY THE STATE, BEING THE COST FOR MH SERVICES FOR EMOTIONALLY DISTURBED CHILDREN REFERRED BY LOCAL SCHOOLS. SINCE THE STATE WAS HAVING ITS OWN FINANCIAL WOES, THE GOVERNOR RECENTLY OFFERED TO PAY THIS BILL OVER 15 YEARS.

NOW, OUR HOPE FOR POSSIBLE MORE IMMEDIATE STATE PAYMENT HAS HAPPENED. REPORTED IN THIS MORNING TIMES, PREVIOUS RUMORS ARE TRUE: THE STRONG STOCK MARKET AND BUSINESS GAINS HAVE BROUGHT RECORD STATE TAX COLLECTIONS WAY ABOVE ESTIMATES. SPECIFICALLY, ABOUT \$5 BILLION IN EXTRA NEW DOLLARS. THE GOVERNOR CAN NOW INCREASE HIS HUGE BANK DEBT REPAYMENT, MEET SCHOOL GROUP DEMANDS AND STILL HAVE SOME EXTRA LEFT OVER FOR HIS OWN PET PROGRAMS, SOMEHOW WE DOUBT THAT THE LA DMH BILL IS ON ANY OF THESE LISTS

HOWEVER, OUR NAMI FAMILIES WILL LOBBY INTENSIVELY TO REMIND HIM ABOUT THIS RELATIVELY SMALL BUT OVERDUE BILL. ALONG WITH OTHER CONCERNED GROUPS WE WILL CONTINUE TO LOBBY INTENSIVELY UNTIL WE GET TOTAL PAYMENT.

MEANWHILE, UNTIL THAT HAPPENS, WE APPRECIATE YOUR DECISION TO HOLD OVER THIS 34 MILLION PLUS DEFICIT FOR A ONE TIME ONLY YEAR.

THESE ARE HARDLY THE BEST OF TIMES, BUT WE HOPE FOR BETTER TIMES AHEAD.

THANK YOU FOR THIS OPPORTUNITY TO ADDRESS YOU,



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★  
**ASIAN PACIFIC**  
**Policy & Planning Council**



Jury Candelario  
President

532 S. Vermont Avenue, Suite 101-B  
Los Angeles, CA 90020  
Tel: (213) 388-2834  
Fax: (213) 388-3452  
[www.a3pcon.org](http://www.a3pcon.org)  
E-mail: [a3pcon@pacbell.net](mailto:a3pcon@pacbell.net)



May 10, 2006

Honorable Board of Supervisors  
County of Los Angeles  
821 Kenneth Hahn Hall of Administration  
500 W. Temple St.  
Los Angeles, CA 90012

  
**ASIAN PACIFIC**  
**Policy & Planning Council**  
315 West 9th Street, Suite 301  
Los Angeles, CA 90015  
(213) 239-0300 Fax (213) 239-0303  
[www.a3pcon.org](http://www.a3pcon.org)

Dear Board of Supervisors,

For 30 years, the Asian Pacific Policy and Planning Council (A3PCON) has served as an advocate for Los Angeles County's Asian and Pacific Islander (API) populations and the voice of over 40 community-based organizations. Throughout this time, we have enjoyed a very productive relationship with your office and appreciate the support and sensitivity you have demonstrated toward all immigrant, refugee, low-income and disadvantaged communities.

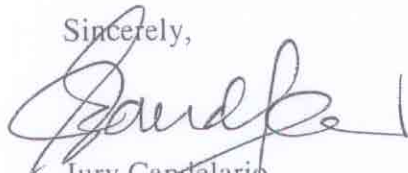
As the County's budget planning process moves into full swing, we respectfully request a meeting with you to discuss several critical issues facing the API community. The key ones include:

- Increasing services for the API Older Adult population as it experiences unprecedented growth and diversity.
- Strategic implementation of cultural and linguistic (C&L) standards at County health facilities based on the success at the Rancho Los Amigos Rehabilitation Center.
- Implementation of Section 1011 of the Medicare Modernization Act and its impact on immigrant and refugee communities.
- Preservation and expansion of mental health services for the uninsured, particularly the County's implementation of the Mental Health Services Act (Prop. 63).

We will be presenting these issues to you during our testimony at the annual County of Los Angeles Board of Supervisors budget hearing.

Again, thank you for your responsiveness to the API communities. We look forward to our continued relationship with your office and our mutual efforts to improve the quality of life for all LA County residents.

Sincerely,

  
Jury Candelario  
President

**Member Organizations**

Asian American Drug Abuse Program  
Asian Pacific AIDS Intervention Team  
Asian Pacific American Dispute Resolution Center  
Asian Pacific American Labor Alliance, AFL-CIO  
Asian Pacific American Legal Center  
Asian Pacific Family Center  
Asian Pacific Health Care Venture  
Asian Pacific Women's Center Inc  
Asian Youth Center  
Center for the Asian Pacific Family  
Chinatown Service Center  
Coalition to Abolish Slavery and Trafficking  
Families in Good Health  
Filipino-American Service Group, Inc.  
Gay Asian Pacific Support Network  
Japanese American Citizens League  
Khmer Girls in Action  
Korean American Family Service Center, Inc  
Korean Resource Center  
Korean Youth & Community Center  
Korean Immigrants Workers Alliance  
Little Tokyo Service Center CDC  
National Asian Pacific American Families Against Substance Abuse  
Organization of Chinese Americans  
Pacific Asian Counseling Services  
Pacific Clinics  
PALS for Health  
Search to Involve Pilipino Americans  
South Asian Network  
Special Service for Groups  
Thai Community Development Center  
Thai Health and Information Services

★  
**ASIAN PACIFIC**  
**Policy & Planning Council**

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• **Board of Director Officers**

- President: Jury Candelario, Asian Pacific AIDS Intervention Team
- Vice-President, Administration: Daniel Huang, Asian Pacific American Legal Center
- Vice-President, Planning: Dennis Arguelles, Chinatown Service Center
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- Secretary: Mariko Kahn, Pacific Asian Counseling Services
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- Member at Large: Jeff Murakami, University of Southern California Asian American Studies
- Member at Large: Josh Ishimatsu, Little Tokyo Service Center

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- APIA Vote!
- Child Care
- Drugs, Alcohol, and Tobacco
- Fundraising Committee
- Health
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- Housing & Economic Development
- Incorporation Committee
- LGBT Committee
- Membership
- Mental Health Committee
- Planning Committee
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• **Task Force Chairs**

- API Older Adults Task Force
- Hate Crimes Task Force
- Welfare Reform Task Force



**Asian Pacific Policy and Planning Council (A3PCON)**  
**Board of Supervisors Presentation**  
**May 10, 2006**

**I. OLDER ADULTS**

A. Issue:

The Asian Pacific Islander (API) Older Adult population is increasing by leaps and bounds so that by 2030, API seniors will make up 17% of the Los Angeles County population. Many API Older Adults are monolingual or limited English speaking. With few exceptions, existing OAA-funded programs and services such as nutrition, in-home support, care management, and mental health services have not been culturally or linguistically appropriate. As a result, the API elderly are isolated and underserved with usage of services well below that of other Older Adult populations.

B. Recommendation:

A3PCON recommends the Board of Supervisors and the Department of Community and Senior Services increase ICM, Title III B and III E funding for API collaborative and individual agencies. They are the organizations that are capable of providing the needed language and culturally appropriate services countywide.

If you have any questions, please contact Canossa Chan at (213) 473-1640.

**II. FAMILY PRESERVATION**

A. Background:

In March 2005, the Department of Children and Family Services issued a combined Request for Proposal for Family Support-Family Preservation-Adoption Promotion and Support Services, in order to provide a continuum of services for all children and families in Los Angeles County. Under Family Preservation, a *Countywide Asian & Pacific Islander Family Preservation Program*, advocated by A3PCON for the last decade, was finally created. Since its implementation in August 2005, an effective and efficient countywide referral system was established. This has resulted in nearly doubling the number of API children and families receiving family preservation service.

B. Issue:

Both APIs and the American Indians have developed countywide Family Preservation Programs. Since this concept is new to DCFS and the County, it is critical that DCFS

consider the special demands and costs of providing services Countywide. One key issue is that DCFS does not reimburse for the time spent traveling to see a client. This is an expense far exceeding that normally incurred by a SPA-based program. However, it is through this service that the many language needs of APIs are being addressed.

**C. Recommendation:**

A3PCON recommends that for the Fiscal Year 2006-2007, DCFS immediately engage in a cost analysis of the two Countywide Family Preservation Programs to factor in the unique requirements of this type of program. For example, the time involved to provide in-home services to a client can be 2 to 3 hours in travel alone. The structure of cost-reimbursement for countywide services should cover the costs to sustain such services.

If you have any questions, please contact Lawrence Lue at (213) 808-1701.

**III. FAMILY SUPPORT**

**A. Issue:**

In its RFP, DCFS indicated its intention to establish a continuum of services and linkage between Family Preservation Programs and Family Support Services. The RFP specifically established a requirement that Family Preservation Programs partner with and establish linkages with Family Support Service providers within each SPA region.

- While providing corresponding funding for Countywide Family Support Services for the American Indian community, no such Family Support Services funds were allocated to ensure this continuum of services for API families on a countywide basis.
- The Countywide API Family Preservation Program has been unable to identify culturally appropriate and linguistically accessible Family Support Services in most SPAs to partner or link with to provide a continuum for API children and families Countywide.

**B. Recommendation:**

A3PCON and the Asian and Pacific Islander Children, Youth and Families Council, a member of ICAN's network of child abuse councils, request that DCFS provide **\$150,000** to ensure that Family Support Services are available to API children and families countywide in all SPAs where API services are not currently being funded.

If you have any questions, please contact Lawrence Lue at (213) 808-1701.



#### **IV. CULTURAL AND LINGUISTIC SERVICES AT COUNTY HEALTH CARE FACILITIES**

##### **A. Background:**

In Los Angeles County, nearly one in three people (29%), or about 2.8 million people, do not speak English very well (Census, 2000). Asian immigrants and refugees have among the highest rates of limited English proficiency (LEP) as well as linguistic isolation of all racial or ethnic groups. In order to improve health care access and outcomes, it is critical that the growing numbers of LEP residents be able to communicate with their health care providers.

The lack of qualified health care interpreters who have completed formal language proficiency assessments and comprehensive interpreter training can result in confusion and embarrassment, poor quality of care, and sometimes tragic and harmful consequences.

- Without trained interpreters, access to preventive care is decreased and an LEP patient's first point of entry to care is often the emergency room where communication barriers continue to hamper the delivery of accurate diagnosis and treatment;
- Individuals do not receive timely treatment and therefore become chronically ill, or even die;
- Without the establishment of formal health care interpretation programs, an unnecessary burden is placed on the friends, family and children of LEP people.
  - Children often become unnecessarily absent from school. They lack the understanding and medical vocabulary to provide accurate interpretations.
  - Having community members as interpreters, likewise, can cause problems in doctor-patient confidentiality and make medical visits embarrassing for the patient;
- When made available, the provision of interpretation services by bilingual staff is incomplete and inaccurate due to the lack of advanced language proficiency in BOTH languages. Research shows that the lack of language proficiency is a factor in misinterpretation that can lead to serious clinical errors.

##### **B. Issue:**

The Board of Supervisors has recognized the importance of providing language assistance to the county's LEP population with a unanimous Board motion in July 2002. This instructed the Department of Health to finalize and integrate the Cultural and Linguistic competency standards with the Department's redesign system. Four years later, the C&L Standards passed by the County remain largely unimplemented, and patients continue to face barriers to accessing quality and timely care.

### **C. Recommendation:**

A3PCON requests that the County allocate **\$2.5 million** at each of the county health facilities for the creation of an interpreting department. Based on a Best Practices on Cultural Competence report by the US Department of Health and Human Services Office of Minority Health and the National Public Health Hospital Institute, this amount will fund:

1. 4 patient interpreters
2. 14 customer service coordinators
3. 1 LEP Coordinator
4. Assessment and staff training
5. Necessary signage and translations of written vital documents.

The cost benefit of providing language services, as reported by the Federal Office of Management and Budget to Congress, include "increased patient satisfaction, decreased medical costs, improved health, sufficient patient confidentiality in medical procedures, and true informed consent."

If you have any questions, please contact Veronika Geronimo at (213) 977-7500 x271.

## **IV. MENTAL HEALTH SERVICES**

### **A. Background:**

A3PCON has been an active participant in the Stakeholders process to develop viable plans and strategies to implement the Mental Health Services Act (MHSA) in Los Angeles County. It was involved in the gathering of signatures and campaigned to assist in the passage of this major mental health initiative in November 2004.

### **B. Issues:**

While MHSA funds will bring in significant resources for severely mentally ill homeless individuals and their families, A3PCON is extremely concerned about the estimated \$50 million shortfall in the DMH budget for fiscal year 2006-07.

As part of the stakeholders' process to find ways to balance that budget, we have studied the proposed DMH curtailments. The impact on uninsured children, adults and older adults with mental illness will be so painful that we cannot accept them. It will disproportionately hit our Asian Pacific Islander communities especially those who are monolingual. We must speak up for those who are not part of mainstream society, but who are part of our society.

### **C. Recommendations:**

1. A3PCON is aware that LA County will have a budget surplus for 06-07. We urge the Board of Supervisors to make a commitment to increase the County General



Fund commitment an additional \$19 million. This will maintain the already shrunken safety net for the uninsured.

2. We recommend that DMH be allowed to include its surplus carryover as projected revenue in its budget proposal. Each year between \$4 to \$7 million carries over from the prior year. This could be used to lower the projected deficit amount.
3. It supports a one-time allocation of funds to DMH so the needed changes can be implemented over the coming year with the least disruption of services to the most needy.

After careful review of the proposed DMH curtailments, A3PCON makes the following recommendations on specific items as proposed to date:

#### Part 1- Time limits for Uninsured Adults

1. Support the establishment of about 133 DMH staff to be reassigned to alternative funded areas.
2. Support the aggressive establishment of benefits for the uninsured because it will lead to additional revenues with the proviso that DMH invest resources to train benefits establishment staff with a strong focus on the issue of "public charge." This is critical because it deters many legal immigrants from accessing benefits.
  - 2.1. DMH be instructed to take the lead to form a collaborative with other county departments such as DPSS and the Social Security Administration to create a seamless system to expedite the application and approval process.
3. Oppose the 12 month time limit for the uninsured.
  - 3.1. With immigrant communities, the stigma of mental illness is even more severe. Terminating care after 12 months is unethical and may be life threatening.
  - 3.2. There are very few resources in the community for these individuals to turn to given the level of care that is needed.
4. Oppose the proposed \$9.3 million reduction of CGF and realignment funds in contracts for uninsured adults.
  - 4.1. **If this cut is approved, A3PCON respectfully requests an exemption for API programs and other programs that provide services to the underserved. These agencies are already treating the indigent without reimbursement.**
  - 4.2. FACT: Historically, APIs have not received parity. API client utilization continues to be 5% yet APIs are 16% of the population countywide. In some cities, APIs constitute up to 60% of the residents.
5. Support the projected medication savings.
6. Strongly recommend that any cuts be determined by cost effectiveness and outcomes. Support programs and agencies which provide a community based system of care which has proven to be the most cost-effective and efficient.

#### Part 2 – Child and Adolescent Application First



1. Opposes a plan that determines services to uninsured children contingent upon proof of application for benefits.
  - 1.1. Many legal immigrants are afraid of becoming a "public charge" while applying for citizenship.
  - 1.2. Many API parents are monolingual and live in poverty despite frequently living in households with relatives and non-related families, and working more than one job to support their families. The process of applying for benefits is not always linguistically accessible and unfairly burdens these parents.
2. Requests DMH to document those impacted by ethnicity and service areas in this plan.

### Part 3 - Managed Care Medi-Cal Services

1. Absolutely oppose this plan. Most community based providers, especially those serving ethnic minorities, are already rationing care to respond to the demand for services.
  - 1.1. This would remove the decision regarding client care further away from clinicians without removing the liability for the quality of care.
2. Oppose the establishment of another layer of bureaucracy such as the TAR (Treatment Authorization Request) that will delay treatment and increase the possibility of not being able to bill for services rendered.
  - 2.1. Developing TAR and training staff to implement this will take needed funds from services.
3. Oppose this plan because it proposes to "save" \$10.6 million in CGF and realignment funds but actually costs double that amount in reduced Federal funds in Medi-Cal resources of \$21.6 million.

A3PCON will work with other advocacy groups to advocate at the State and MHSA Commission level so that MHSA funds can also be used to support the entire mental health system of care for the chronically mentally ill. We cannot support the creation of a bifurcated system where those who are homeless receive "whatever it takes" care while those who are already in the system or not long-term homeless receive none or limited services.

Last, we are concerned that budget cuts to mental health services will result in lay-offs that will severely impact the already limited bilingual/bicultural workforce in LA County. Currently, staff levels at DMH and community agencies are critically insufficient to serve the multicultural and multilingual constituents.

If you have any questions, please contact:

Gladys Lee at (626) 254-5003 or Mariko Kahn at (310) 337-1550

**Testimony for the Board of Supervisors  
May 10, 2006**

**Re: Cuts to the Los Angeles County Department of Mental Health**

I want to speak on behalf of Asian Pacific Islanders with mental illness, especially those who are immigrants. I am a consumer of mental health since 1985 when I lived in Manila, Philippines. I came to the U.S. in 1994 due to the petition of my late mother.

Coming to California, I was lucky that English was my second language. It would have been twice as scary if I hadn't spoken or been able to read and understand English. Most API immigrants aren't as lucky as I was.

I came here without planning that I would need treatment. Even with my English skills, the difference in the cultures was very stressful. After 3 months, I needed Psychiatric Treatment at Harbor UCLA. I had to be hospitalized. With the support of my family, I got treatment even though I didn't have any insurance.

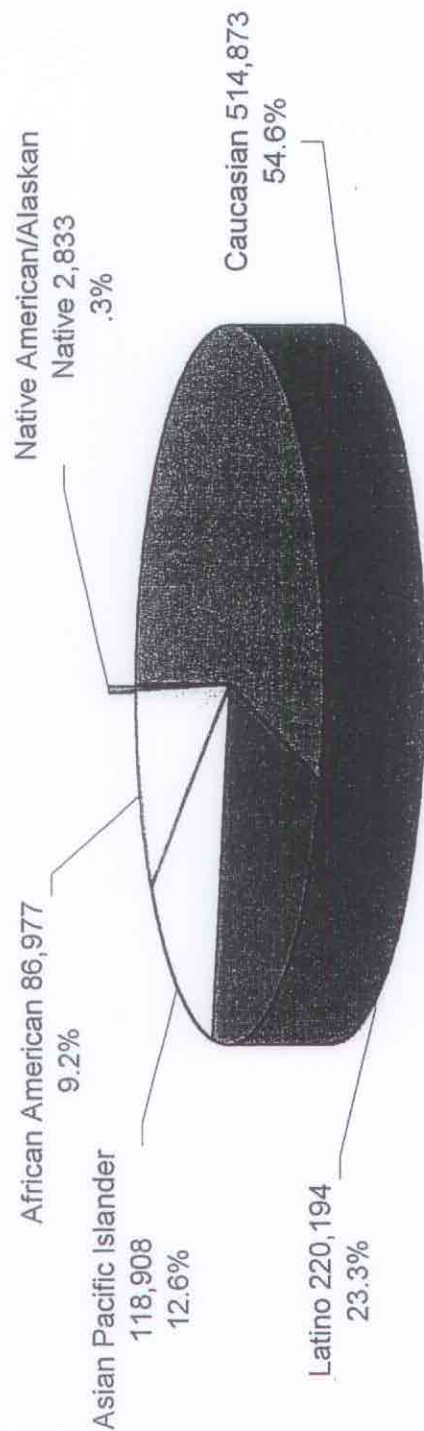
That was my last hospitalization in 12 years. I was in a Clinical Outpatient Psycho-Rehab Day Treatment Program at Coastal Asian Pacific for 2 years. Now I'm working as a Peer Supporter for Project Return: The Next Step and studying to be an Employment Specialist for People with Disabilities.

I live independently. I contribute to my community. If I hadn't had the chance 12 years ago to get treatment, where would I be today? If my treatment had been delayed or denied because I didn't have insurance or the ability to pay, would I have reached my true potential? It took over a year to qualify for MediCal.

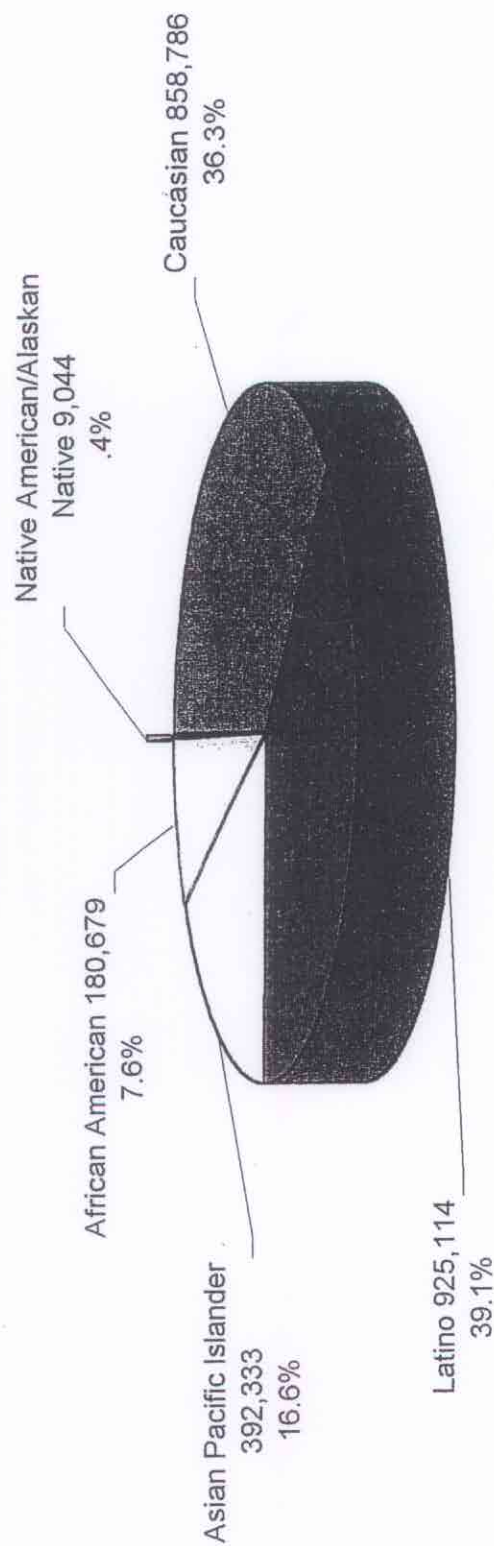
Please do not cut funding to mental health services to the underserved Asian Pacific Islanders. Make the mental health system more culturally competent. Don't devastate our communities, especially new immigrants with language barriers who seek a better life.

Emy Singson

**Figure 4. L.A. County Population Age 65+ by Major Ethnic Groups**  
**Year 2000**



**Year 2030**





**Administrator, Staff & Patient Surveys:  
Assessing the Implementation of Cultural and Linguistic Competency Standards  
at the Los Angeles County+University of Southern California  
(LAC+USC) Medical Center**

November 4, 2005

**Prepared by Los Angeles Language Access Collaborative (LALAC) partners:**

National Health Law Program (NHeLP)

SSG/PALS for Health

Asian Pacific American Legal Center (APALC)

Maternal Child Health Access (MCHA)

Coalition for Community Health (CCH)

Armenian Relief Society (ARS)



## **Project Background**

Linguistic access to health care is now a pressing issue in communities throughout the United States but it is particularly pronounced in Los Angeles County, the most diverse and populous county in the country, home to nearly a third of California's residents and having the second largest public health system in the nation. In Los Angeles County alone, more than 100 languages are spoken. Fifty-four percent of County residents speak a language other than English at home, while almost 30 percent speak English less than "very well."

There are many difficulties faced by both LEP patients and our health care system in meeting the growing demands for linguistically appropriate services. Without skilled language assistance, LEP patients often have to rely on untrained interpreters (including friends, family members, children and *ad hoc* interpreters), can be discouraged from seeking health care services, or can receive inferior and/or delayed health services. The situation is exacerbated by a lack of awareness of language access requirements by consumers and health care providers, and the absence of vigorous enforcement of legal requirements. Further, the benefits associated with patient-centered interpreter and translation services for LEP individuals are often not fully recognized.

## **Methodology**

Funded by the Racial Justice Collaborative, this joint project between the Los Angeles Language Access Collaborative and the Outpatient Department (OPD) at Los Angeles County+USC Medical Center was designed to acquire information regarding linguistic access resources and barriers from multiple stakeholder groups including patients, front line providers and administrators. The project consisted of three phases which began with a needs assessment process of survey design and implementation, followed by survey findings and recommendations, and finally follow-up and possible technical assistance.

### **Administrator Survey**

In the initial needs assessment process three surveys were developed and implemented in consultation with administrators at LAC+USC Medical Center. The design of the administrator survey was guided by two focus groups consisting of OPD staff. LALAC partners also worked with key liaisons from OPD and LAC+USC Medical Center, as well as two volunteer researchers Jeff Dang and Jessica Lee, to develop this survey instrument. The survey was distributed to 38 management personnel employed at LAC+USC Medical Center, completed anonymously and returned directly to Mr. Dang and Ms. Lee who conducted the data analysis process. A total of 15 administrator surveys were analyzed.

### **"Staff" and Patient Surveys**

The front line provider (or "staff") and LEP patient surveys were partially modeled after a survey instrument developed by UCLA researchers and community leaders of the CDC funded REACH 2010 (Racial and Ethnic Approaches to Community Health) PATH for Women project. Both surveys were conducted at the OPD for one day per survey, during weekday clinics.

- The patient survey was conducted in three different languages – Spanish, Korean, and Mandarin, in the presence of bilingual healthcare interpreters who could assist respondents with low literacy levels. There were 76 respondents to the patient survey. Each patient respondent received a nominal gift card to a national retail chain, as an incentive for their completed surveys.
- The staff survey was conducted in English. There were 51 respondents to the staff survey, each of whom received a nominal gift card to a national retail food chain as an incentive.



## **Research Process**

The LALAC partners and volunteer researchers worked closely to throughout data collection and data analysis on the surveys. Jeff Dang is a statistician and predoctoral fellow at the UCLA Integrated Substance Abuse Program and the Vice President of Consulting Measurement Group. Jessica Lee is an assistance statistician at the UCLA Cousins Center for Psychoneuroimmunology and independent consultant working with Consulting Measurement Group. Carol Kim, legal secretary and former intern of the Asian Pacific American Legal Center, was involved in the development of the surveys, and analysis of the administrator survey results. Mr. Dang, Ms. Lee, and Ms. Kim comprised our volunteer research team.

LAC+USC Medical Center administrators received a verbal approval from the Los Angeles County +USC Medical Center, which exempted both patient and staff survey instruments from a full IRB (Institutional Review Board) review process. LAC+USC Medical Center administrators have agreed to issue a formal letter to the LALAC partners noting this verbal IRB approval. The LALAC partners are still waiting for the receipt of this letter which will be a required attachment of the final funding report to the Racial Justice Collaborative.

This unconventional IRB process however resulted in the loss of our volunteer research team. In order to complete data analysis for the provider and patient survey, which was inadvertently delayed by the departure of the research team, LALAC partners looked to the community for assistance. Two community data experts, Mr. Dennis Kao, a doctoral student of Social Work at University of Southern California, and Dan Ichinose, Project Director of the Demographic Research Project of the Asian Pacific American Legal Center, generously volunteered their labor to assist with data entry and analysis of the completed front line provider and patient surveys, respectively.

## **Findings and Recommendations**

Findings from the entire needs assessment phase are attached together with recommendations for improvement, and a proposal for possible technical assistance aimed at reducing gaps and improving communication with LEP patients seeking care at OPD.

Note: Administrator, patient and staff percentages were calculated by excluding missing or unknown data values.



## Major Findings and Recommendations

### ASSESSMENT OF LANGUAGE NEEDS

*Hospital does not consistently record nor refer to patients' primary language needs.*

1. **While almost all the patients surveyed preferred to speak a language other than English with their doctors (see Graph 1), the practice of noting a patient's language preference in his or her medical records was not consistent among staff and hospital administrators.** Two thirds of hospital staff surveyed (66.7 percent) routinely record patient language preferences. Seven out of 15 administrators reported recording information about the preferred spoken and written language of limited English speaking persons in the patient medical records. (See Graph 2).
2. **Less than half of the staff members and more than half of the administrators refer to a patient's chart to see if there is a need for an interpreter.** Both hospital staff (43 percent) and administrators (55.5 percent) say they always/often look at the patient's chart to see if there is a language need. One out of three administrators (33.3 percent) report that they rarely or never look at the patient's chart, compared to nearly one out of three hospital staff (30.6 percent). (See Graph 5).
3. **The most common way for hospital staff and administrators to determine patient need for interpreters is to ask the patient if he or she needs an interpreter** (see Graph 6). Staff members (91 percent) and administrators (87.5 percent) agree that patients do not always or often bring their own interpreter. About 8.5 percent of hospital staff said that patients often bring their own interpreters, compared to 12.5 percent of administrators (see graphs on pages 3 and 4). (See Graph 7). 8 percent of bilingual patients reported that they brought their own interpreter (see Graph 10).

### Recommendations

- At the first point of contact, the department will assess, or ask for, a person's preferred language and, as a required field, record the patient's primary or preferred oral and written language in the facility information system for patient intake and the patient's chart.
- When the department staff place or receive a telephone call and cannot determine what language the person on the line is speaking, bilingual staff, onsite interpreters or a telephone interpreting service will be used to expedite determinations of the primary language needs of the person.
- If a patient indicates or states a need for an interpreter, he or she will be deemed to be limited-English proficient (LEP). If any patient, parent of a minor or person legally responsible for the patient is assessed LEP, he or she will be told of their right to have an interpreter at no cost to him or her.
- To further assist the LEP patient, the department should use the "point-to notice", available from the Los Angeles County Department of Health Services, to immediately access a qualified bilingual staff member or interpreter.
- An assessment of the hospital's service area population should use a demographic profile and statistical survey, including the race, ethnicity and primary oral and written language needs of the current and potential patients in its service areas. Both population-based data sources, such as the census data or SPA data, as well as individualized data sources, including the primary oral and written language need for each LEP patient should be used. The assessment should be reported to the Board of Supervisors annually.
- Management Meeting reports should include patient language assessment data and reports identifying language needs of the LEP patients, and should be generated on a quarterly basis.



## **LANGUAGE ASSISTANCE SERVICES**

*Hospital reports on availability of interpreters do not meet patients' requests for interpreter services.*

4. **When patients request interpreter services, less than 50 percent of patients receive interpreter services, in contrast with hospital reports of interpreter availability.** Four out of ten patients (39 percent) said that on a typical visit to the hospital, he or she asked for a professional healthcare interpreter. Of the patients who requested interpretation services, less than half (48.2 percent) said they always/often received an interpreter. A majority of staff (62 percent) say interpreters are always/often available, compared to 90 percent of administrators. (See Graph 9).
5. **More than half of hospital staff (54 percent) have never made advanced arrangements for interpreters, prior to a patient's appointment.**

*Staff receive more language requests than administrators.*

6. **Staff members are more likely to ask a patient's need for an interpreter than administrators.** Three out of four hospital staff (75 percent) say they always/often ask the patient if he or she needs an interpreter, compared to 55 percent of administrators (see Graph 6). One out of two staff (52 percent) said that patients always/often ask for an interpreter, compared to one out of five administrators (22 percent) (see Graph 4).
7. **Seven percent of administrators tracked the availability of interpretation services.**

### **Recommendations**

- The department shall maintain a written policy which states that all LEP patients seeking services at LAC+USC, including all inpatient and outpatient departments, are entitled to qualified oral interpreting services, regardless of language, and translated written materials in Medi-Cal threshold languages, at no cost to the LEP patient. The policy should include an outline of step-by-step procedures for the front-line staff to inform patients of the availability of competent interpreters at no cost to the patient, to locate and to make arrangements for an interpreter, and to provide written translated materials if needed.
- Outpatient Department staff should review the patient's chart before the patient's appointment to identify the need for language assistance services, to make arrangements for a qualified bilingual staff member or interpreter at the time of the patient's appointment, and to ensure that an interpreter will be provided at any future patient appointments.
- Each department will maintain sufficient interpreter resources such as qualified bilingual staff, staff interpreters, contracted interpreters from outside agencies, and telephone interpreting services to ensure a timely response when interpreters are needed. With regard to qualified bilingual staff, a roster of all bilingual staff with their hours of availability should be maintained and kept current, at least on a monthly basis. Lists of other interpreter resources should also be developed, kept current, and shared with all front-line staff, as well as included in the annual report to the Board of Supervisors.
- The department will post and maintain a sign or notice, such as the one provided by the Los Angeles County Department of Health Services, informing the public of the availability of



interpreter services at all points of contact. The notice shall also include contact information, including a telephone number, where the patient can file complaints if there are any problems accessing language assistance services at any LAC+USC Network facility and the 1-800 number for the Office for Civil Rights of the U.S. Department of Health and Human Services.

*Lack of healthcare interpreters lead patients to rely on non-staff members, and lead staff to depend on untrained bilingual coworkers.*

8. **On a typical visit to the hospital, four out of ten patients report that a non-hospital staff member usually interprets for them.** Interpreter services are reported to be provided by an adult family member (25.3 percent), a child family member (1.3 percent), another patient (10.7 percent), or an "interpreter brought by you" (8 percent). (See Graph 10).
9. **Telephone interpreters are not always/often used at the hospital.** 5.3 percent of patients said that an interpreter over the telephone usually interpreted for them, on a typical visit to the hospital. 6 percent of hospital staff said they used a Language Line (telephone) interpreter always/often, compared to 0 percent of administrators. (See Graph 13).
10. **When face-to-face interpreters are not available, administrators seem more likely than staff to use the Language Line (telephone) interpreters.** Administrators (63.6 percent) are more likely than staff (36.4 percent) to report using a telephone interpreter when face-to-face interpretation was not available (see Graph 16).
11. **Bilingual workers serve a majority of patients, hospital staff, and administrators.** On a typical visit to the hospital, 60 percent of patients said that a bilingual staff member at the hospital interprets for them (see Graph 10). Amongst staff members, 58 percent said they used "one of my bilingual colleagues" always/often. Several administrators (63.6 percent) said they used bilingual colleagues always/often. (See Graph 14).
12. **Among staff reporting to be bilingual, the two most common factors preventing them from providing interpretation services are: 1) no one is available to cover their shift and 2) not being paid for their time.** Almost two-thirds (65.7%) of respondents – reporting to be bilingual – do not receive a bilingual stipend despite a high level of confidence in their abilities to interpret for LEP patients (91.9% "strongly agree" or "agree").
13. **Most hospital staff members strongly agreed (70 percent) that having interpreters would make their jobs easier.** A majority of the patients (60 percent) who requested and received interpreters, said that interpreters did not stay for the entire appointment. Focus group findings corroborated the need for a staff position(s) devoted exclusively to providing interpreter services, particularly for Spanish-speaking patients, where some bilingual staff stated that they spent up to 80% of their time providing interpretation services for patients.

### **Recommendations**

- All staff providing interpreting services to patients will be qualified, trained, tested and monitored by the Los Angeles County Department of Health Services-approved program to determine competency to provide interpreter services in health care settings.
- Bilingual or multi-lingual staff must be tested for their proficiency in English and all other target languages for which they are being used for interpretation purposes. Proficiency testing should



include testing of: 1) written proficiency in grammar and vocabulary, medical terminology, reading comprehension, and translation skills (written skills focusing on grammar, fluency, accuracy, completeness, and cultural appropriateness) and 2) oral proficiency on pronunciation, accuracy and completeness, fluency and health care terminology. The test should have objective and defined grading guidelines for both the writing and oral components.

- The interpreter training should include the following: 1) the California Healthcare Interpreter Association Interpreter Standards; 2) role of the interpreter; 3) models of interpreting; 4) basic interpreting skills such as the use of the first person voice, seating position, and managing communication flow; 5) intervention skills; 6) practice role plays; 7) case studies; 8) medical terminology, anatomy, and physiology; 9) federal, state, and local language access legal requirements and policies; 10) cultural sensitivity training; 11) the western health care system; 12) skills building such as note-taking, memory development, etc.; and 12) pre-training and post-training tests and evaluations.
- Non-staff interpreters may include outside interpreting services or telephone interpreting services whose standards, protocol, evaluation, and training is similar to that expected of staff.
- Minors under the age of 21, years, shall not be used to provide interpreting services except in life-threatening situation.
- The position of staff interpreter should be developed for those languages where bilingual staff are required to spend more than 50% of their time acting as an interpreter for the LEP patient.
- Front-line staff must be authorized and provided with the appropriate code to use the telephone interpreter service. In the event that the LEP patient has waited more than thirty (30) minutes, without the need for supervisory approval.
- If the patient wants to use his or her own interpreter, the department must inform the patient that a competent interpreter will be provided free of cost. The offer and any refusal of the department interpreter should be recorded in the patient's medical record/patient file. It is advisable that the department use its own interpreter to ensure accuracy of the interpretation and that no breach of confidentiality occurs.
- Interpreter responsibilities must be added to the job description for those staff receiving the bilingual bonus to ensure that their supervisors recognize their interpretation duties and allow them to go to other departments to carry out their interpretation responsibilities. Those responsibilities should also be taken into account when scheduling staff, i.e., using staggered scheduling to assure the availability of bilingual staff during all hours of operation.



## WRITTEN MATERIALS

*Patient's experiences differ from staff and administrators' reports on the need for better written communications with patients.*

14. **97.3 percent of patients would like to receive materials in a language other than English.** But, the majority of patients (68 percent) said they received materials in English—this includes intake, consent, discharge, appointment letters, medication labels, and health education. Less than half (48 percent) of patients said they received materials in Spanish.
15. **In contrast to patients' reports, staff overwhelming agreed (82 percent) that they had materials in non-English languages for patients.** Staff said the most common translated materials were consent forms and health education materials (see Graph 17). **Less than half (47 percent) of the hospital staff said they sometimes/rarely/never provide translated materials to patients** (see Graph 18).
16. **Most administrators (69.2 percent) said they often provided translated materials to patients.** (see Graph 18) They mostly acknowledged the existence of patient intake forms (64.3 percent). Fewer cited the existence of translated health education materials (50 percent), consent form (37.5 percent), appointment letters (37.5 percent), discharge instructions (37.5 percent) and medication labels (37.5 percent). (See Graph 17).

## Recommendations

- All vital documents should be translated into the Medi-Cal threshold languages for Los Angeles County, including but not limited to: 1) signage and way-finding directions; 2) patient intake forms; 3) consent forms for, but not limited to, the medical treatment, surgery, anesthesia, inpatient and outpatient psychiatric treatment, and diagnostic tests; 4) advance directives; 5) patient complaint forms; 6) letters and notices pertaining to the reduction, denial or termination of services or benefits; letters or notices that require a response from the patient; 7) documents that advise of free language assistance; 8) information on emergency health issues; 9) patient rights and responsibilities; 10) billing and financial information; 11) general information on current clinical trials being conducted within the facility and opportunities to participate; 12) applications for federal/state health and social services programs, including financial assistance; 13) consents to release medical information; 14) appointment reminder notices; 15) key health education materials; and 16) the HIPAA Privacy Notice. Written translations of vital documents shall be presented in a bilingual version. The English and non-English versions shall be visible on the same page to ensure that both the department staff and patients can understand the content of the document that is being distributed.
- Other written materials will be translated when it is determined that a printed translation is needed for effective communication. If there is no translation for an English language document or the LEP patient cannot read the translated version, a qualified interpreter will orally sight translate the document for the LEP individual upon request. English language documents not deemed vital will include a notice written in the Medi-Cal threshold languages to contact the department of facility if reading assistance is needed.
- Qualified translators and a competent translation process must be used to translate the written materials. The recommended methodology for the development of written translation of materials shall be as follows: 1) the originating document will be translated into the second



language; 2) the draft written translation will be reviewed and corrected by a second translator; and 3) the translated material will be finally reviewed for its accuracy through: a) the back translation of the material into English by a third translator and comparison to the original material and evaluated to ensure accuracy of the essential message of the original communication and not necessarily a word-for-word duplication of the original document, and/or b) review of the completed translation by a team of department or hospital staff and/or community representatives for accuracy, appropriate literacy level and cultural sensitivity.

- Staff and patients must be notified of all available written translated materials translated by the LA County Department of Health Services and LAC+USC.
- An Interpreter Attestation Form must be completed when an interpreter is interpreting a discussion between a patient and physician relating to a medical procedure, particularly for the purpose of obtaining an informed consent for treatment and/or sight/oral translation of the written information contained on the informed consent form in the presence of the healthcare provider. This form will be signed by the interpreter verifying that the information was interpreted and attached to the patient's medical record.
- The LA County Department of Health Services and/or LAC+USC should develop a website of all available translated materials for all staff to obtain and distribute to LEP patients when needed.



## **POLICIES AND TRAINING**

***Staff lack awareness and training on language access policies, and training on how to work with an interpreter.***

17. Only a small number of administrators (20 percent) reported having received a copy of the language access policy. About one in five hospital staff (19 percent) said they were not aware of the language services policy; and almost one-third (32 percent) did not know or were not sure about the existence of such a policy.
18. Most staff (62 percent) were not trained on how to work with an interpreter (see Graph 20). Less than half of administrators (47 percent) were trained on how to work with a medical interpreter (see Graph 19).
19. A majority of staff (57 percent) reported that they were not trained on language access policies (see Graph 20). Only a small amount of administrators (13 percent) reported that their site provided training for staff regarding language access policy (see Graph 19). These last two findings were corroborated by focus group members who noted that they had not received any training on the policies and few had training on how to work with interpreters.

## **Recommendations**

- Staff will be trained on the linkage between cultural and linguistic care and improved health outcomes, legal requirements and policies including the Los Angeles County Department of Health Services Cultural and Linguistic Competency Standards, quality of care issues, the importance of working with skilled interpreters, including how to access interpreter services, how to work with interpreters and the appropriate role of the interpreter, and information about the various training programs that promote cultural competent care.
- Clinicians will receive professional development coaching on how to work effectively with a qualified interpreter.
- LAC+USC shall develop and implement a process to ensure prompt and equitable resolution of complaints and grievances addressing the provision of culturally and linguistically appropriate services, and will monitor such complaints and their resolution.
- LACUSC shall monitor and conduct an annual review of its Language Access Assessment (see Recommendations and Language Access Policies. The Language Access Policies shall include, but is not limited to: 1) audits of the timeliness of the provision of interpreter services and the charting of patient primary oral and written language and provision of interpreter services in medical chart review; 2) requirements of training and certification of health care interpreters to incorporate improvements in industry standards; 3) the designation of required bilingual and staff interpreter positions; 4) the quality of data collection of race, ethnicity and primary oral and written language determination; 5) the accuracy of the tracking of primary language in data collection; and 6) log of cultural and language complaints and the record of complaint resolution. There shall be a position responsible for conducting the annual review which shall be presented to the Board of Supervisors annually.
- LAC+USC should create a community advisory board to provide input and feedback into its Language Access Assessment and Language Access Policies on a regular basis and its effectiveness in providing culturally and linguistically competent services to the surrounding community.



Summary of  
**A3PCON Mental Health Service Act (Prop. 63) Proposals**  
Presented to the Board of Supervisors Budget Hearing  
May 10, 2006

**I. FULL SERVICE PARTNERSHIP FUNDS**

**A. MHSA Focus Areas of Funding:**

1. Children (ages 0-15) with severe emotional disturbances;
2. Transitional Age Youth (Ages 16-25) suffering from severe mental health issues
3. Adults (Ages 25-59) who have severe and persistent mental illness
4. Older Adults (60 years +) who have severe and persistent mental illness

**B. A3PCON COUNTY-WIDE FSP PROPOSALS**

**Preamble:** A3PCON has over 20 years experience of developing and strengthening county-wide networks to maximize and leverage culturally and linguistic competent resources, knowledge and expertise to serve the needs of the diverse API communities in LA County.

**1. Adult Proposal – “Asian Pacific Islander Full Service Partnership Wellness Center”**

Lead Agency: SSG/Asian Pacific Islander Mental Health Alliance

- a. *Goal:* To integrate API individuals with severe mental illness into their respective communities through the provision of a continuum of mental health, wellness and recovery services that are provided county-wide.
- b. *Intervention:* API Full Service Partnership teams will be composed of a multi-disciplinary staff that will be responsible for serving as the Single Fixed Point of Responsibility to coordinate and advocate for mental health and other supportive services for the proposed target population. Program components will include: direct mental health services, integrated substance abuse treatment, medication support, housing, self-help groups, employment/education/vocational training, personal development and wellness services, and educational support services.
- c. *Community Based Partners:* Pacific Clinics/Asian Pacific Family Center, Long Beach Asian Pacific, Coastal Asian Pacific, SSG/Asian Pacific Counseling Treatment Centers, SSG/Asian Pacific Residential, Pacific Asian Counseling Services (formerly WRAP) and Telecare-LaCasa. Additional partners are being developed to enhance the recovery and wellness for the target population. Such partners include the Buddhist Free Clinic, local board and care facilities, local businesses and churches.
- d. *Target Population:* API Adults with serious mental illness who have one or more of the following conditions: (1) co-occurring disorders; (2) homeless and/or at risk for homelessness; (3) currently not served by the mental health system; (4) living in institutional care; or (5) incarcerated. Total number to be served is 200.
- e. *Tentative Amount Requested:* \$3,000,000

**2. Children Proposal – “Asian Pacific Islander (API) Family Service Partnership”**

Lead Agencies: Pacific Clinics/Asian Pacific Family Center

- a. *Goal:* To create new, transformative, and integrated service delivery system that will effectively address the existing service barriers and gaps countywide.
- b. *Intervention:* The development of four (4) Family Service Partnership Centers with API Service and Care Teams that will provide comprehensive services including: outreach and engagement, clinical/recovery assessment, mental health and substance abuse treatment, medication support, vocational and life skills development, wellness support groups/activities, parenting groups, and collateral mental health treatment services to parents/caregivers and families.



- c. *Community Based Partners:* Pacific Asian Counseling Services (formerly WRAP), Korean Youth and Community Center and SSG/Asian Pacific Counseling Treatment Centers. Additional partners are being developed to enhance the recovery and wellness for the target population. Such partners include: Boys and Girls Club, Youth Centers, school districts, LA County Probation Department-Asian gang unit and ethnic specific parent organizations.
- d. *Target Population:* Families with children and youth (ages 0-15) who have been diagnosed with severe emotional disturbance and who: (1) are at risk from being removed from their homes; (2) are affected by substance abuse issues; (3) experiencing extreme behaviors at home and/or school; or (4) current have an open case with law enforcement agencies (e.g. probation department). A total number of 100 clients will be served.
- e. *Geographic Region Targeted:* SPAs 2, 3, 4, 5, 7 and 8.
- f. *Tentative Amount Requested:* \$1,500,000

### 3. **IMD Step Down Program Services Proposal**

Lead Agency: SSG/Asian Pacific Islander Mental Health Alliance

- a. *Goal of Project:* The goal of the proposed project is to assist API severely & chronically mentally ill persons with limited daily functioning, to be transferred from high level locked mental health facilities and be placed in community based placements. The project will provide enhanced & comprehensive mental health services county-wide that will promote the least restrictive housing placement possible.
- b. *Intervention:* The project will provide full day mental health rehabilitation services 5 days a week. The project will focus on improving and enhancing basic functional coping skills and establishing appropriate interpersonal and basic living skills. The project plans to provide comprehensive supportive services which include but are not limited to: comprehensive mental health services, medication support, housing, occupational therapy and community integration services.
- c. *Status of Project:* The proposal is still in the process of development. The Alliance is currently in the process of securing a licensed board and care provider to contract out 12-20 beds for both male & female clients. They will also be meeting with IMD Administration on March 23, 2006, to discuss the current proposal and their support of the project.
- d. *Target Population:* Asian and Pacific Islanders (APIs) with severe mental illness, ages 18 and above, recently released from IMD settings. This is an extremely hard-to serve population who require extensive supervision and supportive care in order to survive within community settings.
- e. *Tentative Amount Requested:* \$263,500

### C. **A3PCON Service Area Specific Proposal**

#### 1. **Transitional Age Youth Proposals**

Lead Agency Service Area 3: Pacific Clinics/ Asian Pacific Family Center

Lead Agency Service Area 4: SSG/Asian Pacific Counseling Treatment Centers

- a. *Objective:* To provide comprehensive mental health and supportive services to high risk youth (ages 16-25) suffering from severe mental health issues.
- b. *Intervention:* The project will provide comprehensive mental health services and supportive services including: outreach and engagement, intensive case management, supportive housing, integrated substance abuse services, vocational, educational assistance, wellness and recovery, and referral/linkages to community based resources.
- c. *Status of Service Area 3 Proposal:* APFC will develop one (1) outreach and engagement team targeted for API at-risk TAY youth in collaboration with Pacific Clinics' existing programs within Pacific Clinics.
- d. *Status of Service Area 4 Proposal:* In the process of development. APCTC is currently exploring collaborative relationships with local school districts, faith based organizations and other key community stakeholder groups.
- e. *Target Population for Service Area 3 Proposal:* API youth with severe emotional disturbances residing in Service Area 3.



- f. *Target Population for Service Area 4 Proposal:* Korean & Latino youth with severe emotional disturbances residing in Service Area 4.
- g. *Tentative Amount Requested:* Budgets are currently in development.

## II. ONE TIME FUNDING

### A. MHSA Focus Areas of Funding

1. Development of a housing trust fund that will provide a source for ongoing funds for supportive housing.
2. Short-term workforce training and development to prepare current/future staff within the County mental health system to provide services and support.
3. Infrastructure development to support implementation of the Community Services and Supports (CSS) Plan.
4. Aggressive outreach and engagement to help more people become aware of MHSA planning process and to identify needs of hard-to-reach populations.
5. Start-up costs to accelerate implementation of CSS Plan.

### B. A3PCON One Time Funding - "Outreach and Engagement" Proposal

1. *Goal:* To promote leadership and increased participation of API mental health consumers and families within the LA County Mental Health System of Care and Mental Health Service Act Activities.
2. *Interventions:* (a) *Infrastructure Development:* Increase access to mental health services for Asian and Pacific Islanders; to continue to engage and outreach underserved API populations to let them know about MHSA and the planning process. (b) *Mental Health Consumer Leadership Development:* Will focus on developing API mental health consumers and families as advocates within the local mental health system.
3. *Community Based Partners:* Currently developing community partnership with the following agencies: Special Service for Groups, Pacific Clinics/Asian Pacific Family Center, Long Beach Asian Pacific, Coastal Asian Pacific, SSG/Asian Pacific Counseling Treatment Centers, Koreatown Youth and Community Center, Pacific Asian Counseling Services (formerly WRAP), SSG/Asian Pacific Islander Mental Health Alliance, Cambodian Association of America, Little Tokyo Service Center, Filipino American Service Group, Inc, Search to Involve Pilipino Americans, South Asian Network, Chinatown Service Center, Asian Pacific Rehab Services, SSG/Asian Pacific Residential, SSG/Tongan Community Service Center, Thai Health Information Services, Inc., Samoan National Nurses Association and Guam Communications Network.
4. *Status of Project:* Currently in the process of development. The committee is currently awaiting the Request for Statement of Services (RFSS) to be released by the Department of Mental Health. The RFSS will provide guidelines on the focus areas of funding, proposal structure and requirements.
5. *Target Population:* Asian and Pacific Islander mental health consumers, families, and key community stakeholders.
6. *Tentative Amount Requested:* \$500,000

### C. A3PCON -Workforce Development Proposal

1. *Purpose of Project:* A3PCON plans to revive the Asian American Mental Health Training & Research Center (AAMHTRC), which provided fellowships, stipends and community based trainings to promote advanced leadership and professional practice in the Asian & Pacific Islander community.
2. *History of Project:* AAMHTRC was funded 20 years ago by the National Institute of Health for a period 10 years. The program was responsible for graduating over 100 API master's level and Ph.D. level mental health professionals. Many of A3PCON's current members participated in the program and are currently successful high level non-profit executives working all over LA County.
3. *Status of Project:* Currently in the process of development. The committee is currently awaiting the Request for Statement of Services (RFSS) to be released by the Department of Mental Health. The RFSS will provide guidelines on the focus areas of funding, proposal structure and requirements.

4. *Tentative Amount Request:* Budget still in development

**D. A3PCON –Workforce Development Proposal**

1. *Purpose of Project:* In order to jump start employment opportunities for API individuals affected by mental illness, A3PCON would like to replicate the Senior Community Service Employment Program (SCSEP) under the Title V of the Older Americans Act. This national program under the Department of Labor has successfully placed older adults back into the workforce. The approach is to provide stipends to host agencies which will provide job training for the individuals. Due to the tremendous stigma that Asian businesses have against individuals with mental illness, A3PCON firmly believes this model will open doors for the mentally ill in the API community.
2. *Status of Project:* Currently in the process of development. The committee is currently awaiting the Request for Statement of Services (RFSS) to be released by the Department of Mental Health. The RFSS will provide guidelines on the focus areas of funding, proposal structure and requirements.
3. *Tentative Amount Request:* Budget still in development

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Good Afternoon,

My name is Faustino Esquivel and I have worked for Los Angeles County as a Custody Records Clerk for 22 years. It's not an easy job. The Custody Records Clerks are responsible for processing and tracking the paperwork for all of the inmates in L.A. County jails. An error by one of us could mean that the wrong inmate is released or that someone who should have been set free is forced to serve additional time. The Sheriff's Department treats the job very seriously. They perform a multitude of security and credit checks before hiring. They train new Custody Records Clerks for six months. They impose discipline for the smallest of errors.

And yet, our pay is so low that few people want this job. And many of those that do get hired don't stay long. They find that they can get a less stressful job with less responsibility and more pay, and they leave.

It's not just us. The Sheriff's Department is having trouble filling many clerical classifications. County hospitals, Child Support offices, County libraries and other County departments are having the same difficulties.

The low pay for clerical classifications that prevails throughout L.A. County is not only wrong it's bad policy. It's hurting us who are trying to raise families on meager wages and it's hindering the services that we struggle every day to provide to the public.





2006-2007 Proposed County Budget Hearings – May 10, 2006  
Local 660 Testimony – Joe Salcido, Respiratory Care Practitioner I

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Good morning. My name is Joe Salcido and I have been a Respiratory Care Practitioner I at LAC+USC's Women's and Children's Hospital for the past 10 years.

We are fortunate to have County Respiratory Care Practitioners that are loyal and committed to quality patient care. But our morale is low because for so many years our services have not been given the compensation or career potential it deserves to retain and recruit Respiratory Care workers. Like many other positions at the County and in the Department of Health Services, it has been extremely difficult to fully staff our work. Hands down, compensation is the deciding factor for many of my colleagues. New employees love being trained by us, but they end up leaving for better pay.

We're just one example of why the County must make compensation far more competitive than it is now. This inability to retain and recruit County employees with the appropriate salary level has forced Respiratory Care to be outsourced to private contractors. These for-profit companies cost the County more than if County workers did the job. And in my experience, and that of my colleagues, the quality and accountability is often higher when we have loyal County staff doing the job.

The recent cancellation of the outsourced services contract and moving the work back into the County was an encouraging sign. It was demoralizing for us to train and monitor contract workers who were paid more. The low pay and inability to advance, has slowly beaten us down. Something has to change.

Please make this year, the year that sends the message to committed County employees that you care about your workers and the quality of services that we provide.